

**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="12469.86"/>	<input type="text" value="12469.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15529.38"/>	<input type="text" value="15529.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12469.86	12469.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12469.86	12469.86

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 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)

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

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 7 OF 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)

Full Name (Last, First, Middle Initial) A. Scott Emerson		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2011 Transaction ID : SA11AI.6008
Mailing Address 407 East Lancaster Ave.		Amount of Each Receipt this Period 2000.00
City Wayne	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. C	Name of Employer The Emerson Group	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Vera L. Grill		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2011 Transaction ID : SA11AI.6092
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Vera L. Grill		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2011 Transaction ID : SA11AI.6093
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 ▼ 312.50	

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: (check only one)	PAGE 8 OF 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)

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

Mailing Address 1924 North Woodley Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2011

Transaction ID : SA11AI.6094

Amount of Each Receipt this Period
62.50

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

Mailing Address 1924 North Woodley Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2011

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period
62.50

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

Mailing Address 1924 North Woodley Street

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:
 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 / 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: (check only one)	PAGE 10 OF 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

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

Full Name (Last, First, Middle Initial) A. James L. Medford		Date of Receipt MM / DD / YYYY 06 / 28 / 2011 Transaction ID : SA11AI.6011
Mailing Address 107 Outrigger		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Scott M. Melville		Date of Receipt MM / DD / YYYY 01 / 15 / 2011 Transaction ID : SA11AI.6060
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 ▼ 208.34	

Full Name (Last, First, Middle Initial) C. Scott M. Melville		Date of Receipt MM / DD / YYYY 01 / 31 / 2011 Transaction ID : SA11AI.6062
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 ▼ 416.68	

SUBTOTAL of Receipts This Page (optional).....▶	1416.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 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)

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2011

Transaction ID : SA11AI.6063

Amount of Each Receipt this Period
208.34

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.36

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2011

Transaction ID : SA11AI.6064

Amount of Each Receipt this Period
208.34

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2011

Transaction ID : SA11AI.6065

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 12 OF 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

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

Full Name (Last, First, Middle Initial) A. Scott M. Melville		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2011 Transaction ID : SA11AI.6066
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 ▼ 1250.04

Full Name (Last, First, Middle Initial) B. Scott M. Melville		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2011 Transaction ID : SA11AI.6067
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 ▼ 1458.38

Full Name (Last, First, Middle Initial) C. Scott M. Melville		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2011 Transaction ID : SA11AI.6068
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 ▼ 1666.72

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 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)

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 ▼ 1875.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2011

Transaction ID : SA11AI.6069

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 ▼ 2083.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2011

Transaction ID : SA11AI.6070

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 ▼ 2291.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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: (check only one)	PAGE 14 OF 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)

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 06 / 30 / 2011
Transaction ID : SA11AI.6072

Amount of Each Receipt this Period 208.34

B. Adam Raczowski
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 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 06 / 28 / 2011
Transaction ID : SA11AI.6009

Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 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. 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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL 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 19
<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. Full Name (Last, First, Middle Initial)
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

Mailing Address **601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200**

City **WASHINGTON** State **DC** Zip Code **20004**

Amount of Each Receipt this Period

2500.00

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. Full Name (Last, First, Middle Initial)
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

Mailing Address **235 EAST 42ND STREET**

City **NEW YORK** State **NY** Zip Code **10017**

Amount of Each Receipt this Period

5000.00

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. Full Name (Last, First, Middle Initial)

Date of Receipt

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

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

--

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

Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

--

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL 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. Consumer Healthcare Products Association

Mailing Address 900 19th Street, NW
Suite 700

City Washington State DC Zip Code 20006

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

Candidate Name

BOB CASEY FOR SENATE INC

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.6130

Amount of Each Disbursement this Period

3	3	0	.	1	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Erik Paulsen for Congress

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55347

Purpose of Disbursement

Candidate Name

ERIK PAULSEN

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.6045

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

JOSEPH R. PITTS

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.6043

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

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

2	3	3	.	0	0
---	---	---	---	---	---

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

2	3	3	.	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. 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
