

**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="15029.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7999.42"/>	<input type="text" value="29268.75"/>
(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="23028.80"/>	<input type="text" value="35998.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6147.47"/>	<input type="text" value="19117.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16881.33"/>	<input type="text" value="16881.33"/>
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).....	6954.23	19716.81
(ii) Unitemized	1045.19	2051.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7999.42	21768.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7999.42	29268.75
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))..... ▶	7999.42	29268.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7999.42	29268.75

DETAILED SUMMARY PAGE
of Disbursements

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	147.47	287.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	147.47	287.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	18330.13
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	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)) ..	6147.47	19117.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6147.47	19117.33

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)	7999.42	29268.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7999.42	29268.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	147.47	287.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	147.47	287.20

**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 28
<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. Elizabeth Funderburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 F St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation Director, Communications & Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : SA11AI.6250
 Amount of Each Receipt this Period
 20.84

B. Elizabeth Funderburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 F St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation Director, Communications & Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : SA11AI.6251
 Amount of Each Receipt this Period
 20.84

C. Elizabeth Funderburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 F St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation Director, Communications & Media
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.6252
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional).....▶	62.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<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. Elizabeth Funderburk			Date of Receipt 12 / 15 / 2011 Transaction ID : SA11AI.6253
Mailing Address 626 F St, NE			Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.92
Name of Employer CHPA		Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk			Date of Receipt 12 / 30 / 2011 Transaction ID : SA11AI.6254
Mailing Address 626 F St, NE			Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 291.76
Name of Employer CHPA		Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Travis Gibbons			Date of Receipt 09 / 30 / 2011 Transaction ID : SA11AI.6202
Mailing Address 728 18th Street S.			Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 208.40
Name of Employer Consumer Healthcare Products		Occupation Assoc. Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	62.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<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. Travis Gibbons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 728 18th Street S.		Transaction ID : SA11AI.6203
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

Full Name (Last, First, Middle Initial) B. Travis Gibbons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 728 18th Street S.		Transaction ID : SA11AI.6204
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) C. Travis Gibbons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 728 18th Street S.		Transaction ID : SA11AI.6205
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	

SUBTOTAL of Receipts This Page (optional).....▶	62.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<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. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : SA11AI.6206
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.76	

Full Name (Last, First, Middle Initial) B. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : SA11AI.6207
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.60	

Full Name (Last, First, Middle Initial) C. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.6208
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.44	

SUBTOTAL of Receipts This Page (optional).....▶	62.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<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. Vera L. Grill		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.6188
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 ▼ 562.50	

Full Name (Last, First, Middle Initial) B. Vera L. Grill		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 Transaction ID : SA11AI.6189
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 ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Vera L. Grill		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 Transaction ID : SA11AI.6190
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 ▼ 687.50	

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 12 OF 28
<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. Vera L. Grill		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1924 North Woodley Street		Transaction ID : SA11AI.6194
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
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 ▼ 937.50	

Full Name (Last, First, Middle Initial) B. Vera L. Grill		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address 1924 North Woodley Street		Transaction ID : SA11AI.6195
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Vera L. Grill		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 1924 North Woodley Street		Transaction ID : SA11AI.6196
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
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 ▼ 1062.50	

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 13 OF 28
<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. Mr. Zan Guerry		Date of Receipt 11 / 07 / 2011 Transaction ID : SA11AI.6156
Mailing Address 1715 West 38th Street		Amount of Each Receipt this Period 1000.00
City Chattanooga	State TN	Zip Code 37409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Chattem, Inc.	Occupation Chairman & 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. Bill Head		Date of Receipt 07 / 15 / 2011 Transaction ID : SA11AI.6175
Mailing Address 501 Slaters Lane Apt. 816		Amount of Each Receipt this Period 75.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Consumer Healthcare Products	Occupation Vice President, Government 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) C. Bill Head		Date of Receipt 07 / 29 / 2011 Transaction ID : SA11AI.6176
Mailing Address 501 Slaters Lane Apt. 816		Amount of Each Receipt this Period 75.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Consumer Healthcare Products	Occupation Vice President, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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 16 OF 28
<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"/>	<input type="checkbox"/> 17

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

A. Bill Head
Full Name (Last, First, Middle Initial)
Mailing Address 501 Slaters Lane
Apt. 816
City Alexandria State VA Zip Code 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 ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : SA11AI.6184
Amount of Each Receipt this Period
75.00

B. Bill Head
Full Name (Last, First, Middle Initial)
Mailing Address 501 Slaters Lane
Apt. 816
City Alexandria State VA Zip Code 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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : SA11AI.6185
Amount of Each Receipt this Period
75.00

C. Bill Head
Full Name (Last, First, Middle Initial)
Mailing Address 501 Slaters Lane
Apt. 816
City Alexandria State VA Zip Code 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 ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : SA11AI.6186
Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 17 OF 28
	<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. Bill Head		Date of Receipt
Mailing Address 501 Slaters Lane Apt. 816		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6187
Name of Employer Consumer Healthcare Products	Occupation Vice President, Government Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="75.00"/>
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Herndon	State VA	Zip Code 20170
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6239
Name of Employer CHPA	Occupation Vice President, Regulatory Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.4"/>
	<input type="text" value="208.40"/>	

Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Herndon	State VA	Zip Code 20170
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6240
Name of Employer CHPA	Occupation Vice President, Regulatory Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.4"/>
	<input type="text" value="229.24"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="116.68"/>
TOTAL 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 18 OF 28
(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. Dr. Barbara A. Kochanowski
Full Name (Last, First, Middle Initial)
Mailing Address 951 Hidden Park Place
City Herndon State VA Zip Code 20170
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation Vice President, Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : SA11AI.6241
Amount of Each Receipt this Period
20.84

B. Dr. Barbara A. Kochanowski
Full Name (Last, First, Middle Initial)
Mailing Address 951 Hidden Park Place
City Herndon State VA Zip Code 20170
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation Vice President, Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.92

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2011
Transaction ID : SA11AI.6242
Amount of Each Receipt this Period
20.84

C. Brian McNamara
Full Name (Last, First, Middle Initial)
Mailing Address 11 Chesterfield Drive
City Chester State NJ Zip Code 07930
FEC ID number of contributing federal political committee. **C**
Name of Employer Novartis Occupation President, OTC Americas
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 19 / 2011
Transaction ID : SA11AI.6155
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1041.68
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: (check only one)	PAGE 19 OF 28
<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 ▼ **2708.42**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.6162

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 ▼ **2916.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.6163

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 ▼ **3125.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.6164

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 20 OF 28
<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 ▼ **3333.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.6166

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 ▼ **3541.78**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.6167

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 ▼ **3750.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6168

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 21 OF 28
<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 10 / 14 / 2011
Mailing Address 1596 Lupine Den Court		Transaction ID : SA11AI.6169
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.34	
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 ▼ 3958.46	

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 10 / 31 / 2011
Mailing Address 1596 Lupine Den Court		Transaction ID : SA11AI.6170
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.34	
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 ▼ 4166.80	

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 11 / 15 / 2011
Mailing Address 1596 Lupine Den Court		Transaction ID : SA11AI.6171
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.34	
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 ▼ 4375.14	

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 22 OF 28
	<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 ▼ **4583.48**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : SA11AI.6172

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 ▼ **4791.82**

Date of Receipt: **12 / 15 / 2011**

Transaction ID : SA11AI.6173

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 ▼ **5000.00**

Date of Receipt: **12 / 30 / 2011**

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period: **208.18**

SUBTOTAL of Receipts This Page (optional).....▶	624.86
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 23 OF 28
(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. Ted Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8417 Weller Avenue
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.6220
 Amount of Each Receipt this Period
 41.67

B. Ted Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8417 Weller Avenue
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.6221
 Amount of Each Receipt this Period
 41.67

C. Ted Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8417 Weller Avenue
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.6222
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
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 24 OF 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)
A. Ted Peterson

Mailing Address 8417 Weller Avenue

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer CHPA	Occupation VP
--------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)
B. Ted Peterson

Mailing Address 8417 Weller Avenue

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer CHPA	Occupation VP
--------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6224

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)
C. Ted Peterson

Mailing Address 8417 Weller Avenue

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer CHPA	Occupation VP
--------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 25 OF 28
	<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. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer CHPA	Occupation VP
--------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6226

Amount of Each Receipt this Period

41.67

B. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer CHPA	Occupation VP
--------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6227

Amount of Each Receipt this Period

41.67

C. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer CHPA	Occupation VP
--------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 26 OF 28
(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. Ted Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8417 Weller Avenue
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.6229
 Amount of Each Receipt this Period
 41.67

B. Ted Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8417 Weller Avenue
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.6230
 Amount of Each Receipt this Period
 41.67

c. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2011
Transaction ID : SA11AI.6161
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	283.34
TOTAL This Period (last page this line number only).....▶	6954.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

MITCH MCCONNELL

Office Sought: House Senate President

State: KY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2011

Transaction ID : SB23.6136

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

FRANK JR PALLONE

Office Sought: House Senate President

State: NJ District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2011

Transaction ID : SB23.6134

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

FRANK JR PALLONE

Office Sought: House Senate President

State: NJ District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2011

Transaction ID : SB23.6146

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

6000.00
