

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 900 19th Street, NW Suite 700 Washington DC 20006

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00040584

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Roman G. Blazauskas

Signature of Treasurer Roman G. Blazauskas [Electronically Filed] Date 02 / 07 / 2013

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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="2012"/>	<input type="text" value="16881.33"/>	<input type="text" value="16881.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16881.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13118.14"/>	<input type="text" value="13118.14"/>
(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="29999.47"/>	<input type="text" value="29999.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1178.94"/>	<input type="text" value="1178.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28820.53"/>	<input type="text" value="28820.53"/>
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: 01 / 01 / 2012 To: 03 / 31 / 2012

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).....	4308.33	4308.33
(ii) Unitemized	1309.81	1309.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5618.14	5618.14
(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)	13118.14	13118.14
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))..... ▶	13118.14	13118.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13118.14	13118.14

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	178.94	178.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	178.94	178.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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)) ..	1178.94	1178.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1178.94	1178.94

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)	13118.14	13118.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13118.14	13118.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	178.94	178.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	178.94	178.94

**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 12
<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 State Zip Code
 Bryn Mawr PA 19010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hylands 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
 02 / 20 / 2012
Transaction ID : SA11AI.6336
 Amount of Each Receipt this Period
 1000.00

B. Gary Downing
 Full Name (Last, First, Middle Initial)
 Mailing Address 1197 Mine Hill Rd.
 City State Zip Code
 Fairfield CT 06430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lansinoh Laboratories, Inc. Chief Executive Officer
 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
 03 / 08 / 2012
Transaction ID : SA11AI.6337
 Amount of Each Receipt this Period
 500.00

C. Vera L. Grill
 Full Name (Last, First, Middle Initial)
 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
 02 / 29 / 2012
Transaction ID : SA11AI.6286
 Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional).....▶	1562.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 12
(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. 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
 03 / 15 / 2012
Transaction ID : SA11AI.6287
 Amount of Each Receipt this Period
 62.50

Full Name (Last, First, Middle Initial)
B. Stephen Hossenlopp
 Mailing Address 8806 Stonebriar Dr.
 City State Zip Code
 Clarence Center NY 14032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Mentholatum Company Vice President, Finance & Admin.
 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
 03 / 29 / 2012
Transaction ID : SA11AI.6339
 Amount of Each Receipt this Period
 500.00

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 ▼
 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2012
Transaction ID : SA11AI.6269
 Amount of Each Receipt this Period
 208.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.84
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 12
(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. 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 ▼ 416.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012
Transaction ID : SA11AI.6270
 Amount of Each Receipt this Period
 208.33

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 ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : SA11AI.6271
 Amount of Each Receipt this Period
 208.33

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 ▼ 833.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.6272
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.99
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 12
	<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 ▼ 1041.66

Date of Receipt: 03 / 15 / 2012
Transaction ID : SA11AI.6273

Amount of Each Receipt this Period: 208.33

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 ▼ 1249.99

Date of Receipt: 03 / 31 / 2012
Transaction ID : SA11AI.6274

Amount of Each Receipt this Period: 208.33

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 ▼ 208.35

Date of Receipt: 03 / 15 / 2012
Transaction ID : SA11AI.6281

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.33

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 12
<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		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 Transaction ID : SA11AI.6282
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Adam D. Raczowski		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 09 / 2012 Transaction ID : SA11AI.6335
Mailing Address 37 Timber Drive		Amount of Each Receipt this Period 850.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	891.67
TOTAL This Period (last page this line number only).....▶	4308.33

**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 12
<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
01	/	31	/	2012

Transaction ID : SA11C.6341

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. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

Transaction ID : SA11C.6342

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. Full Name (Last, First, Middle Initial)

Date of Receipt

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

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 ▼

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. 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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

Transaction ID : SB23.6343

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

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
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

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
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Amount of Each Disbursement this Period

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

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

1000.00

1000.00
