Image# 13960811374				PAGE 1 / 22
FEC AN	PORT OF REC D DISBURSER Other Than An Authorized	MENTS	Office U	ise Only
	E OR PRINT V Exa	mple: If typing, type	12FE4M5	
COMMITTEE (in full)		r the lines.	IZIGINJ	
Consumer Healthcare Pro	oducts Association PAC			
ADDRESS (number and street)	00 19th Street, NW			
Check if different	uite 700			
than previously W reported. (ACC)	Vashington		DC 2000	6
2. FEC IDENTIFICATION NUMB	ER V CITY	S		ZIP CODE
C C00040584	3. IS THIS REPORT	(N) OR	X AMENDED (A)	
 4. TYPE OF REPORT (In (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12 (Non-Election
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31	Election on	M M / D /	Y Y Y Y Y	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election	(d) 30-Day			_
Year Only) (MY) Termination Report	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
(TER)	Election on	M = M / D = D /	Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y Y 01 2012	through 06		12
I certify that I have examined this Re	eport and to the best of my kno	wledge and belief it is true	e, correct and comple	te.
Type or Print Name of Treasurer R	oman G. Blazauskas			
Signature of Treasurer	Blazauskas	[Electronically Filed]	ate 02 07	2013
NOTE: Submission of false, erroneous,	or incomplete information may su	bject the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

02/07/2013 15 : 34

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

	FEC	Form	3X ((Rev.	02/2003)
Write	or Typ	be Com	nmitte	ee Na	ame

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From: 04		: 06 / D D / Y Y Y Y 30 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		16881.33
	(b) Cash on Hand at Beginning of Reporting Period	28820.53	
	(c) Total Receipts (from Line 19)	9325.64	22443.78
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	38146.17	39325.11
7.	Total Disbursements (from Line 31)	11317.71	12496.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26828.46	26828.46
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

Γ	- Di	ETAILED SUMMARY PAGE	_ _
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
W	rite or Type Committee Name		
C	Consumer Healthcare Products Ass	ociation PAC (CHPA/PAC)	
	M = N		M = M / D = D / Y = Y = Y
R	eport Covering the Period: From: 04	01 _2012 To:	06 30 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	7416.78	11725.11
	(i) Itemized (use Schedule A)	7 7 7	
	(ii) Unitemized	908.86	2218.67
	(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	
	Lines 11(a)(i) and (ii)	8325.64	13943.78
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	1000.00	8500.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	0205.64	22443.78
	Totals to Line 33, page 5)	9325.64	22443.70
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13	All Loans Received	0.00	0.00
10.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4.4	Loss Demonstra Descined	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
15.	(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))	9325.64	22443.78
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	9325.64	22443.78

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I

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	77.53	256.47
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	77.53	256.4
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	11240.18	12240.18
Undependent Expenditures (use Schedule E)	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made		
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political 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
Other Disbursements	0.00	0.00
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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	11317.71	12496.6
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11317.71	12496.65
	11017.71	12+30.00

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9325.64	22443.78				
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9325.64	22443.78				
 add Line 21(a)(i) and Line 21(b)) 	77.53	256.47				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	77.53	256.47				

FOR LINE NUMBER:

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PAGE 6 OF

	EMIZED RECEIPTS	for each category of the Detailed Summary Page					11b 14	11c 15		2 6	17						
	y information copied from such Reports and Si for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC	C)													
Α.	Full Name (Last, First, Middle Initial) Jennifer Hawks Bland Mailing Address 3037 Wellington Court				Date o		D D	/ Y		Y Y							
	City Atlanta	State GA	Zip Code 30339					SA11AI eceipt tl									
	FEC ID number of contributing federal political committee.	С								500.0	0						
	Name of Employer Merck, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Governmen Aggregate															
в.	Full Name (Last, First, Middle Initial) Scott Emerson Mailing Address 407 East Lancaster Ave.				Date o	of Rec	eipt	/ Y	Y	Y Y	-						
	City Wayne FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –							05 18 2012 Transaction ID : SA11AI.6353 Amount of Each Receipt this Period 2000.0								
	Name of Employer The Emerson Group	Occupation President	1														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00														
с.	Full Name (Last, First, Middle Initial) Scott Emerson				Date o	of Rec	eipt										
	Mailing Address 407 East Lancaster Ave.				м м 06	/	D D D 21	/ Y	201	ү ү 2	7						
	City Wayne	State PA	Zip Code 19087					SA11AI eceipt tl		riod	_						
	FEC ID number of contributing federal political committee.	С							2	2000.0	0						
	Name of Employer	Occupation	1														
	The Emerson Group	President															
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 4000.00														
	UBTOTAL of Receipts This Page (optional)							7	4	500.00	0						

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PAGE 7 OF

	EMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 13	11b	11c	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association P	AC (CHPA/PAC))				
Α.	Full Name (Last, First, Middle Initial) John B. Ende Mailing Address 251 Doncaster Rd.			Date o	of Receipt		y y 2012	Y
	City		Code		saction ID			
	Kenmore	NY 14	217-2109	Amou	nt of Each	Receipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	С					500).00
	Name of Employer	Occupation						
	The Mentholatum Company Receipt For:	Vice President, U.S	6. Sales & Marketing	_				
	Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00]				
В.	Full Name (Last, First, Middle Initial) Deborah Ford			Date	of Receipt			
	Mailing Address 5730 Park Drive			05			2012	Y
	City		Code		saction ID			
	Bowie	MD 20	715	Amou	nt of Each	Receipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	С		L			20	.84
	Name of Employer Consumer Healthcare Products	Occupation Project Manager						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 208.40	1				
С.	Full Name (Last, First, Middle Initial) Deborah Ford			Date	of Receipt			
	Mailing Address 5730 Park Drive			06	M / D		2012	Y
	City Bowie		o Code 715		nsaction ID			
	FEC ID number of contributing federal political committee.	C).84
	Name of Employer	Occupation						
	Consumer Healthcare Products	Project Manager						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 229.24					
	UBTOTAL of Receipts This Page (optional)				7	1 J	541	.68

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PAGE 8 OF

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	y information copied from such Reports and St for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
$\Big/$	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)												
Α.	Full Name (Last, First, Middle Initial) Deborah Ford				Date of	Re	ceipt								
	Mailing Address 5730 Park Drive			06 30 2012											
	City	State	Zip Code	Transaction ID : SA11AI.6439											
	Bowie	MD	20715	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		20.84											
	Name of Employer	Occupation		-											
	Consumer Healthcare Products	Project Mar	nager												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.08												
В.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt								
	Mailing Address 626 F St, NE				м м 06	/	15		ү 20)12	Y				
	City	State	Zip Code		Trans	acti	on ID :	SA11AL	<u>3420</u>)					
	Washington	DC	20002	·	Amount	of	Each F	Receipt th	is P	eriod					
	FEC ID number of contributing federal political committee.					7		_	20.	84					
	Name of Employer	Occupation		-											
	CHPA	Director, Co	ommunications & Media												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		208.40												
— C.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt								
-	Mailing Address 626 F St, NE				м м 06	/	30)12	Y				
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	642 [°]	1					
	Washington	DC	20002	_	Amount	of	Each F	Receipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С					7		_	20.	84				
	Name of Employer	Occupation		\neg											
	СНРА	Director, Co	ommunications & Media												
	Receipt For:	Aggregate	Year-to-Date ▼	1											
	Primary General	00 0													
	Other (specify)		229.24												
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SCHEDULE A (FEC Form 3X)

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PAGE 9 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a	`	11b 14	11c 15	12 16		17	
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	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)								
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			Date	Y						
	City Arlington	State VA	Zip Code 22207		nsac		SA11AI . Receipt th		d		
	FEC ID number of contributing federal political committee.	С				7		10	4.17		
	Name of Employer Consumer Healthcare Products Receipt For: Primary Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 208.34								
в.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.		, . ,	Date		eceipt) / Y	Y Y	Y		
	City Arlington	State VA	04 30 _2012 Transaction ID : SA11AI.6406 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products	C Occupation Vice Preside	ent, Government Affairs			3		10	4.17		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.51								
C.	Full Name (Last, First, Middle Initial)			Date	of R	eceipt					
	Mailing Address 3180 N. Quincy St.	State	Zip Code	0	5	15		2012	Y		
	Arlington	VA	22207				Receipt th		d		
	FEC ID number of contributing federal political committee.	С				7	7	10	4.17		
	Name of Employer	Occupation									
	Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 416.68								
	UBTOTAL of Receipts This Page (optional)				-	5	7	31	2.51		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 10 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)										
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	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))										
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			Da	Y Y	1								
	City Arlington	State VA	Zip Code 22207	Т	05 31 2012 Transaction ID : SA11AI.6408 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,			104.1	7			
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 520.85											
в.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			_	M	f Re	ceipt	/ Y	Y	Y Y	1			
	City Arlington	State Zip Code VA 22207				06 15 2012 Transaction ID : SA11AI.6409 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				104.								
	Name of Employer Consumer Healthcare Products	Occupation Vice Preside	ent, Government Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.02											
с.	Full Name (Last, First, Middle Initial) John Gay			Da	te of	Re	ceipt							
	Mailing Address 3180 N. Quincy St.	01-11-	The Oaste	- L	м 06		D 10 30	J L	2012					
	City Arlington	State VA	Zip Code 22207					SA11AI leceipt th		riod				
	FEC ID number of contributing federal political committee.	С					7			104.1	7			
	Name of Employer	Occupation												
	Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 729.19											
\vdash	UBTOTAL of Receipts This Page (optional)		<u>→ I → → I → I</u>				y		3	312.5 ⁻				
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PAGE 11 OF

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	y information copied from such Reports and S for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))										
Α.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re	ceipt							
	Mailing Address 728 18th Street S.			05 31 2012										
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.640	2				
	Arlington	VA	22202		Amount	t of	Each F	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С			20.84									
	Name of Employer	Occupation												
	Consumer Healthcare Products Receipt For:		ctor, Federal Affairs	_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		208.40											
в.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re	ceipt							
	Mailing Address 728 18th Street S.				м м 06	1	15) / Y	_ 20) 12	Y			
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.						
	Arlington	VA	22202		Amount	t of	Each F	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С			84									
	Name of Employer Consumer Healthcare Products	Occupation Assoc. Dire	ctor, Federal Affairs											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		229.24											
<u>с</u> .	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re	ceipt							
	Mailing Address 728 18th Street S.				м м 06	/	30			y 012	Y			
	City Arlington	State VA	Zip Code 22202					SA11AI						
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	Name of Employer	Occupation												
	Consumer Healthcare Products	Assoc. Dire	ctor, Federal Affairs											
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	Primary General		250.08	11.										
	Other (specify) 🔻		230.08											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 12 OF

			Detailed Summary Page		< 11a 13		11b 14	11c		12	 ^	7
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of				ons	7
	NAME OF COMMITTEE (In Full)			. 10 01					- 00			
\rangle	Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)									
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	Re	ceipt					
	Mailing Address 951 Hidden Park Place				м м 05	/	31) / Y		ү 012	Y	
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	<u>641</u>	4		
	Herndon	VA	20170	_	Amount	of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,	7	_	20.	84]
	Name of Employer	Occupation										
	СНРА	Vice Presid	ent, Regulatory Affairs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		208.40									
в.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	Re	ceipt					
	Mailing Address 951 Hidden Park Place				м м 06	/	15) / Y	20)12	Y	
	City	State Zip Code								5		
	Herndon	VA	20170	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.84								
	Name of Employer CHPA	Occupation	ent, Regulatory Affairs									
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼	Aggregate	229.24									
_	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski			_	Data of	De	:-t					
C.	Mailing Address 951 Hidden Park Place				Date of	не /	2010 Ceipt) / Y)12	Y	
	City	State	Zip Code		the second se	acti		SA11AL				
	Herndon	VA	20170		Amount	of	Each R	eceipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					,		Ξ	20.	84]
	Name of Employer	Occupation										
	СНРА	Vice Presid	ent, Regulatory Affairs									
	Receipt For:		Year-to-Date ▼									
	Primary General											
	Other (specify)		250.08									
s	UBTOTAL of Receipts This Page (optional)		•••••	•			7		+	62.	52]
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			Detailed Summary Page		-		11b	11c	12	_	_		
				1	13		14	15	16		17		
	y information copied from such Reports and for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
\sum	Consumer Healthcare Product	s Associat	ion PAC (CHPA/PAC))									
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	f Re	eceipt						
	Mailing Address 1596 Lupine Den Court				04 15 2012								
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	6387				
	Vienna	VA	22182		Amoun	t of	Each R	eceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С					7	7	20	08.33			
	Name of Employer	Occupation											
	Consumer Healthcare Products	President a	nd CEO										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1458.32										
в.	Full Name (Last, First, Middle Initial) Scott M. Melville	1			Date of	f Re	eceipt						
	Mailing Address 1596 Lupine Den Court		м м 04	/	D D 30	/ Y	2012	Y					
	City	State	Zip Code					SA11AI.					
	Vienna	VA	22182	- 1	Amoun	t of	Each R	eceipt th	is Perio	d			
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	Name of Employer Consumer Healthcare Products	Occupation President a											
	Receipt For:	1	Year-to-Date ▼	_									
	Primary General Other (specify) ▼	Aggregate	1666.65										
С.	Full Name (Last, First, Middle Initial) Scott M. Melville	I			Date of	f Re	eceipt						
	Mailing Address 1596 Lupine Den Court				м м 05	/	D D 15	/ Y	y y 2012	Y			
	City Vienna	State VA	Zip Code 22182					SA11AI. eceipt th		d			
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	Name of Employer	Occupation											
	Consumer Healthcare Products	nd CEO											
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	Primary General												
	Other (specify)		1874.98										
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			Detailed Summary Page	×	11a 13	$\left - \right $	11b 14	11c	\mid	12 16	17								
	y information copied from such Reports and S for commercial purposes, other than using the				or the		oose of	soliciting		ntribut	ions								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)																
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court					ate of Receipt 05 31 _ 2012 _													
	City Vienna	State VA	Zip Code 22182		Trans		on ID :	SA11AI.6 eceipt thi	6390	0									
	FEC ID number of contributing federal political committee.	С					7		_	208.	33								
	Name of Employer Consumer Healthcare Products Receipt For:	Occupation President a	nd CEO																
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 2083.31																
B.	Full Name (Last, First, Middle Initial) Scott M. Melville			(Date of	Re	ceipt												
	Mailing Address 1596 Lupine Den Court									06 15 2012 Transaction ID : SA11AI.6391									
	Vienna	VA	22182																
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period														
	Name of Employer Consumer Healthcare Products	Occupation President a																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2291.64																
C.	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	Re	ceipt												
	Mailing Address 1596 Lupine Den Court				м м 06	1	D D 30	/ Y		ү)12	Y								
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	Name of Employer	Occupation	1																
	Consumer Healthcare Products	President a	nd CEO																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.97																
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			Detailed Summary Page		13		14		15		16	17		
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))										
<u> </u>	Full Name (Last, First, Middle Initial) Ted Peterson			[Date of	Re	eceip	ot						
	Mailing Address 8417 Weller Avenue				04 15 _ 2012 _									
	City McLean	State VA	Zip Code 22102		Transaction ID : SA11AI.6393 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		3	_	41.	67		
	Name of Employer CHPA	Occupation VP												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69											
В.	Full Name (Last, First, Middle Initial) Ted Peterson				Date of	Re	eceip	ot						
	Mailing Address 8417 Weller Avenue				м м 04	/	D	30	/ Y	20	ү 12	Y		
	City McLean	State VA	Zip Code 22102						A11AI. ceipt th					
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	Name of Employer CHPA	Occupation VP												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36											
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceip	ot						
	Mailing Address 8417 Weller Avenue				м м 05	/		D 15	/ Y) 12	Y		
	City McLean	State VA	Zip Code 22102						A11AI. ceipt th					
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	Name of Employer	Occupation												
	CHPA	VP												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 375.03	03										
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	13	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE	(In Full) hcare Products Associat	ion PAC (CHPA/PAC)	
Full Name (Last, First, I Ted Peterson Mailing Address 8417 V City McLean FEC ID number of contr federal political committed Name of Employer CHPA Receipt For: Primary Other (specify)	/eller Avenue State VA ributing ee. Occupation VP	Zip Code 22102 Year-to-Date ▼ 416.70	Date of Receipt
Full Name (Last, First, M Ted Peterson Mailing Address 8417 W City McLean FEC ID number of contr federal political committed Name of Employer CHPA Receipt For:	/eller Avenue State VA ributing ee. Occupation VP	Zip Code 22102 Year-to-Date ▼ 458.37	Date of Receipt 06 15 2012 Transaction ID : SA11AI.6397 Amount of Each Receipt this Period 41.67
Full Name (Last, First, f Ted Peterson Mailing Address 8417 V City McLean FEC ID number of contr federal political committed Name of Employer CHPA Receipt For: Primary Other (specify) ▼	Veller Avenue State VA ributing ee. Occupation VP	Zip Code 22102 Year-to-Date ▼ 500.04	Date of Receipt 06 30 2012 Transaction ID : SA11AI.6398 Amount of Each Receipt this Period 41.67
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			Detailed Summary Page		✓ 11a 13	\square	11b	11c		12 16	17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements managements	A not be sold or used by any pe ddress of any political committee	erson	for the	purp purp	ose of	soliciting		ntribut	ions	
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products											
A.	Full Name (Last, First, Middle Initial) Dan Quinonez				Date of	Re	ceipt					
	Mailing Address 6011-A Curtier Drive			05 / 11 / Y Y Y Y Y 05 / 31 2012								
	City Alexandria	State VA	Zip Code 22310					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	84	
	Name of Employer Consumer Healthcare Products	Occupation State Gove	rnment Affairs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40									
в.	Full Name (Last, First, Middle Initial) Dan Quinonez Mailing Address 6011-A Curtier Drive			_	Date of	Re	ceipt	(V	V	V	V	
	City	State	Zip Code		06		15	SA11AI.)12	Ŷ	
	Alexandria	VA	22310					eceipt th				
	FEC ID number of contributing federal political committee.	С					7		_	20.	84	
	Name of Employer Consumer Healthcare Products	Occupation State Gover	rnment Affairs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.24									
C.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address 6011-A Curtier Drive				м м 06	/	D D D	/ Y		ү)12	Y	
	City Alexandria	State VA	Zip Code 22310					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					7	7	_	20	.84	
	Name of Employer	Occupation										
	Consumer Healthcare Products	State Gove	rnment Affairs									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.08									
s	UBTOTAL of Receipts This Page (optional)			•			7			62.	52	
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PAGE 18 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any pointear committee	
Consumer Healthcare Products Asso	ociation PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. BAYPAC		Date of Receipt
Mailing Address Bayer Road		M M / D D / Y Y Y Y Y 04 09 2012
City Sta Pittsburgh PA		Transaction ID : SA11C.6352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C00155713	
Name of Employer Occu	pation	
Receipt For: Aggr Primary General Other (specify) ▼	egate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B.		Date of Descript
Mailing Address		Date of Receipt
City Sta	te Zip Code	Amount of Each Pagaint this Pariod
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation	
Receipt For: Aggr Primary General Other (specify) ▼	egate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City Sta	te Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occu	pation	_
Receipt For: Aggr Primary General Other (specify) ▼	egate Year-to-Date ▼	
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TOTAL This Period (last page this line number only)		1000.00

S	CHEDULE B (FEC Form 3X)			F)B		NUMBE	R.			PAG	GE	19 (DF	22	
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hecl	k only	one)	one)								
			Summary Page		×	21b 27	22	a	23 28b	\mid	24 28c		25 29		26 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar														i	
\setminus	NAME OF COMMITTEE (In Full)															
$ \rangle$	Consumer Healthcare Products As	ssociatio	n PAC (CH	PA/F	PA	C)										
_	Full Name (Last, First, Middle Initial)						- ·						_			
А.	Wells Fargo Bank								isburse	_				_		
	Mailing Address 1800 K Street NW						м 04		/ D 1	D 1	/ Y		012	Y		
	,	State	Zip Code				Tra	nsac	tion ID) · SF	321B.6382					
	Washington	DC	20006				IId	1340		. 56		5502	-			
	Purpose of Disbursement			0	01		Amo	unt o	f Each	Disb	ursen	nent	this I	Perio	d	
	Candidate Name			Cate		ry/							27	.34		
	Office Sought: House Disburse	ment For:		1	ype				7		7					
	Senate President	Primary Other (spe	General cify) ▼													
	State: District:	(- -	27 v													
_	Full Name (Last, First, Middle Initial)															
В.	Wells Fargo Bank						Date of Disbursement									
	Mailing Address 1800 K Street NW						M			D 1	/ Y		012	Y		
							0	·				20				
	City Washington	State DC	Zip Code 20006				Tra	nsac	tion ID) : SE	321B.	6383	3			
	Purpose of Disbursement			-			-							_		
	Candidate Name				01		Amo	unt o	f Each	Disb	ursen	nent	this I	Perio	d	
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	Office Sought: House Disburse	ment For:		Г <u></u>	he				7		7					
	Senate	Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:															
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank						Date	of D	isburse	emen	t					
							M	-	/ D			Y	Y	Y		
	Mailing Address 1800 K Street NW						00			1	Ĺ		012			
	City	State	Zip Code				Tro	neac	tion ID) · CE	821 P	6384	1			
	Washington	DC	20006				IId	nodü		. 36	, Z I D.	JJ04	•			
	Purpose of Disbursement			0	01		۸						46.1-		ام	
	Candidate Name	Cate		ry/	Amou	μητ ο	f Each	Dist	ursen	nent		Serio	a			
	Office Sought: House Disburse	ment For:				-+			7		7	1				
	Senate	Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:														_	
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\vdash						-	F	-	7		7			50	=	
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S	CHEDULE B (FEC Form 3X)		FO	BII		UMBER:			PA	GE	20 0	DF 2	22
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the		leck	only	one)							
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
\square	NAME OF COMMITTEE (In Full)												
	Consumer Healthcare Products As	sociation PAC (CH	1PA/P	AC	;)								
•	Full Name (Last, First, Middle Initial)					Data of	Diek						
А.	BERG FOR SENATE					Date of	Disc	Durse			Y		
	Mailing Address PO BOX 9394					06	12	Y					
	City	State Zip Code				Turne							
	FARGO	ND 58106				Trans	: SB23.6	3//					
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	Candidate Name		Cata		,				2.000.00			000	1
	RICHARD A BERG		Cate Ty						7		1500	.00	
	Office Sought: House Disburser	ment For: 2012		-									
	X Senate X	Primary General											
	State: ND District: 00	Other (specify)											
_	Full Name (Last, First, Middle Initial)												
В.						Date of	Disb						
	Mailing Address P O BOX 811					05	/	2)12	Ŷ	
	City S DES MOINES	State Zip Code IA 50304				Trans	actio	on ID	: SB23.6	360			
	Purpose of Disbursement					Amount	of F	ach	Disburse	ment	this F	Period	1
	Candidate Name		Cate	aonu									1
	Tom Harkin		Ty				7				1000	.00	
	Senate President	nent For: 2012 Primary X General Other (specify)	I										
	State: District:												
C.	Full Name (Last, First, Middle Initial) Consumer Healthcare Products As	sociation				Date of	Disb						
	Mailing Address 900 19th Street, NW Suite 700					06	/	28		20	12	Y	
		State Zip Code DC 20006				Trans	actio	on ID	: SB23.6	381			
	Purpose of Disbursement In-Kind payment to Rep. Diane Black (reimburseme			-	1	Amount	of L	- och	Disburse	mont	thia [
	Candidate Name DIANE BLACK FOR CONGRESS		Cate	gory/	′	Amount		acri	Disbuise	ment	740		1
		ment For: 2012	.,	<u>, , , , , , , , , , , , , , , , , , , </u>					7				1
	Senate President	Primary General Other (specify)											
_	State: TN District: 06												
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S	CHEDULE B (FEC Form 3X)	[NUMBER: PAGE 21 OF 22							
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only								
		for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	Consumer Healthcare Products As	sociation PAC (CH	HPA/PAC)								
Α.	Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS			Date of Disbursement							
	Mailing Address PO BOX 1437			06 / D D / Y Y Y Y 20 2012							
	City S GALLATIN	State Zip Code TN 37066		Transaction ID : SB23.6378							
	Purpose of Disbursement			Amount of Each Disbursement this Period							
	Candidate Name DIANE L MRS. BLACK		Category/ Type	1500.00							
	Office Sought: X House Disburser Senate President	nent For: 2012 Primary General Other (specify) ▼									
_	State: TN District: 06 Full Name (Last, First, Middle Initial)										
В.	FRIENDS OF JOHN BARRASSO			Date of Disbursement							
	Mailing Address PO BOX 52008			06 08 2012							
	CASPER	StateZip CodeWY82605		Transaction ID : SB23.6376							
	Purpose of Disbursement			Amount of Each Disbursement this Period							
	JOHN BARRASSO		Category/ Type	2000.00							
		nent For: 2012 Primary X General Other (specify) ▼									
<u></u> с.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE	INC		Date of Disbursement							
	Mailing Address 175 SOUTH WEST TEMPLE SUIT	E 650		06 / D D / Y Y Y Y 06 2012							
	City SALT LAKE CITY	State Zip Code UT 84101		Transaction ID : SB23.6363							
	Purpose of Disbursement			Amount of Each Disbursement this Period							
	ORRIN G HATCH		Category/ Type	1500.00							
	Office Sought: House Disburser Senate President State: UT District: 00	nent For: 2012 Primary General Other (specify) ▼									
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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 22 OF 22				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only					
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Consumer Healthcare Products A	ssociation PAC (CH	PA/PAC)					
Full Name (Last, First, Middle Initial) A. JIM GERLACH FOR CONGRESS	COMMITTEE		Date of Disbursement				
Mailing Address PO BOX 87			04 24 2012				
City UWCHLAND	StateZip CodePA19480		Transaction ID : SB23.6375				
Purpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name JIM GERLACH		Category/ Type	1000.00				
Office Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify) ▼						
State: PA District: 06 Full Name (Last, First, Middle Initial)	-						
B. PALLONE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 3176	Mailing Address PO BOX 3176						
City Long Branch	StateZip CodeNJ07740		Transaction ID : SB23.6361				
Purpose of Disbursement			Amount of Each Disbursement this Period				
		Category/	1000.00				
FRANK JR PALLONE		Туре	1000.00				
Senate President	ement For: 2012 Primary X General Other (specify) ▼						
State: NJ District: 06 Full Name (Last, First, Middle Initial)							
C. The Freedom Project/Friends of John E	Boehner (TFP-FOJB) Co	ommittee	Date of Disbursement				
Mailing Address 7908 Cincinnatti-Dayton Rd. Suite I-2			05 09 2012				
City West Chester	StateZip CodeOH45069		Transaction ID : SB23.6362				
Purpose of Disbursement							
Candidate Name John Boehner		Category/	Amount of Each Disbursement this Period 1000.00				
	ement For: 2012	Туре					
Senate President	Primary X General Other (specify)						
State: OH District: 08							
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