

# 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 (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) [X] 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on [ ] / [ ] / [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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 04 / 10 / 2012

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

**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="15529.38"/>	
(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="23528.80"/>	<input type="text" value="35998.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6147.47"/>	<input type="text" value="18617.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17381.33"/>	<input type="text" value="17381.33"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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

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 .....	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	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)) ..	6147.47	18617.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6147.47	18617.33

**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: PAGE 6 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

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)**

Full Name (Last, First, Middle Initial)  
**A. Elizabeth Funderburk**

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

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

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

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

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

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

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

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

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

Full Name (Last, First, Middle Initial) <b>C. Travis Gibbons</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 1921 N. Quaker Ln.		<b>Transaction ID : SA11AI.6202</b>
City Alexandria State VA Zip Code 22302	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.84
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs	Aggregate Year-to-Date ▼ 208.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 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)**

Full Name (Last, First, Middle Initial)  
**A. Travis Gibbons**  
 Mailing Address 1921 N. Quaker Ln.  
 City State Zip Code  
 Alexandria VA 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs  
 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  
 10 / 14 / 2011  
**Transaction ID : SA11AI.6203**  
 Amount of Each Receipt this Period  
 20.84

Full Name (Last, First, Middle Initial)  
**B. Travis Gibbons**  
 Mailing Address 1921 N. Quaker Ln.  
 City State Zip Code  
 Alexandria VA 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs  
 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  
 10 / 31 / 2011  
**Transaction ID : SA11AI.6204**  
 Amount of Each Receipt this Period  
 20.84

Full Name (Last, First, Middle Initial)  
**C. Travis Gibbons**  
 Mailing Address 1921 N. Quaker Ln.  
 City State Zip Code  
 Alexandria VA 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2011  
**Transaction ID : SA11AI.6205**  
 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: PAGE 9 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)**

Full Name (Last, First, Middle Initial)  
**A. Travis Gibbons**

Mailing Address 1921 N. Quaker Ln.

City State Zip Code  
 Alexandria VA 22302

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

Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 291.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011

**Transaction ID : SA11AI.6206**

Amount of Each Receipt this Period  
 20.84

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

Mailing Address 1921 N. Quaker Ln.

City State Zip Code  
 Alexandria VA 22302

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

Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 312.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : SA11AI.6207**

Amount of Each Receipt this Period  
 20.84

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

Mailing Address 1921 N. Quaker Ln.

City State Zip Code  
 Alexandria VA 22302

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

Name of Employer Occupation  
 Consumer Healthcare Products Assoc. Director, Federal Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 333.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011

**Transaction ID : SA11AI.6208**

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 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)**

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

Mailing Address 1924 North Woodley Street

City Arlington State VA Zip Code 22207

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

Name of Employer CHPA Occupation Director, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2011**

**Transaction ID : SA11AI.6188**

Amount of Each Receipt this Period  
**62.50**

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

Mailing Address 1924 North Woodley Street

City Arlington State VA Zip Code 22207

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

Name of Employer CHPA Occupation Director, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : SA11AI.6189**

Amount of Each Receipt this Period  
**62.50**

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

Mailing Address 1924 North Woodley Street

City Arlington State VA Zip Code 22207

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

Name of Employer CHPA Occupation Director, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2011**

**Transaction ID : SA11AI.6190**

Amount of Each Receipt this Period  
**62.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>187.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Consumer Healthcare Products Association PAC (CHPA/PAC)**

Full Name (Last, First, Middle Initial) <b>A. Vera L. Grill</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2011
Mailing Address 1924 North Woodley Street		<b>Transaction ID : SA11AI.6191</b>
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Vera L. Grill</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 1924 North Woodley Street		<b>Transaction ID : SA11AI.6192</b>
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 ▼ 812.50	

Full Name (Last, First, Middle Initial) <b>C. Vera L. Grill</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 1924 North Woodley Street		<b>Transaction ID : SA11AI.6193</b>
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 ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 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. 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 ▼  
937.50

Date of Receipt  
11 / 30 / 2011  
**Transaction ID : SA11AI.6194**

Amount of Each Receipt this Period  
62.50

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

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 15 / 2011  
**Transaction ID : SA11AI.6195**

Amount of Each Receipt this Period  
62.50

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

Mailing Address 1924 North Woodley Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
CHPA Director, Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1062.50

Date of Receipt  
12 / 30 / 2011  
**Transaction ID : SA11AI.6196**

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 187.50

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

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

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

FOR LINE NUMBER: PAGE 13 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)**

Full Name (Last, First, Middle Initial)  
**A. Mr. Zan Guerry**

Mailing Address 1715 West 38th Street

City State Zip Code  
Chattanooga TN 37409

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

Name of Employer Occupation  
Chattem, Inc. Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 07 / 2011  
**Transaction ID : SA11AI.6156**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 501 Slaters Lane  
Apt. 816

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Consumer Healthcare Products Vice President, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
07 / 15 / 2011  
**Transaction ID : SA11AI.6175**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 501 Slaters Lane  
Apt. 816

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Consumer Healthcare Products Vice President, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
07 / 29 / 2011  
**Transaction ID : SA11AI.6176**

Amount of Each Receipt this Period  
75.00

**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:	PAGE 14 OF 28
(check only one)	
<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. 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 ▼ 525.00

Date of Receipt

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

**Transaction ID : SA11AI.6177**

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 ▼ 600.00

Date of Receipt

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

**Transaction ID : SA11AI.6178**

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 ▼ 675.00

Date of Receipt

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

**Transaction ID : SA11AI.6179**

Amount of Each Receipt this Period

75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 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. 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 **750.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.6180**  
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 **825.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.6182**  
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 **900.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.6183**  
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: PAGE 16 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. Bill Head**

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  
**11 / 15 / 2011**

**Transaction ID : SA11AI.6184**

Amount of Each Receipt this Period  
**75.00**

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

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  
**11 / 30 / 2011**

**Transaction ID : SA11AI.6185**

Amount of Each Receipt this Period  
**75.00**

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

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  
**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) <b>A. Bill Head</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2011 <b>Transaction ID : SA11AI.6187</b>
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	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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Barbara A. Kochanowski</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : SA11AI.6239</b>
Mailing Address 951 Hidden Park Place		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

Full Name (Last, First, Middle Initial) <b>C. Dr. Barbara A. Kochanowski</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.6240</b>
Mailing Address 951 Hidden Park Place		Amount of Each Receipt this Period 20.84
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1041.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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)**

Full Name (Last, First, Middle Initial) <b>A. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 <b>Transaction ID : SA11AI.6162</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation President and CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2708.42	

Full Name (Last, First, Middle Initial) <b>B. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 <b>Transaction ID : SA11AI.6163</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation President and CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.76	

Full Name (Last, First, Middle Initial) <b>C. Scott M. Melville</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 <b>Transaction ID : SA11AI.6164</b>
Mailing Address 1596 Lupine Den Court		Amount of Each Receipt this Period 208.34
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation President and CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3125.10	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 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 ▼ 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 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 ▼ **3958.46**

Date of Receipt: **10 / 14 / 2011**

**Transaction ID : SA11AI.6169**

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 ▼ **4166.80**

Date of Receipt: **10 / 31 / 2011**

**Transaction ID : SA11AI.6170**

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 ▼ **4375.14**

Date of Receipt: **11 / 15 / 2011**

**Transaction ID : SA11AI.6171**

Amount of Each Receipt this Period: **208.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>625.02</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 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
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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
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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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 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 / 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 / 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 / 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: PAGE 25 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 ▼ **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**

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 ▼ **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**

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 ▼ **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: (check only one)	PAGE 26 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) <b>A. Ted Peterson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address 8417 Weller Avenue		<b>Transaction ID : SA11AI.6229</b>
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
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 ▼ 583.38	

Full Name (Last, First, Middle Initial) <b>B. Ted Peterson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 8417 Weller Avenue		<b>Transaction ID : SA11AI.6230</b>
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
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 ▼ 625.05	

Full Name (Last, First, Middle Initial) <b>c. David Spangler</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2011
Mailing Address 1449 N Street, NW Apartment 3		<b>Transaction ID : SA11AI.6161</b>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer CHPA	Occupation Senior VP., Policy & Int'l Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	283.34
<b>TOTAL</b> 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. FRIENDS OF ROY BLUNT**

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name

**ROY BLUNT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2011			

**Transaction ID : SB23.6142**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

**ORRIN G HATCH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2011			

**Transaction ID : SB23.6140**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LEWIS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 247

City REDLANDS State CA Zip Code 92373

Purpose of Disbursement

Candidate Name

**JERRY LEWIS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2011			

**Transaction ID : SB23.6143**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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 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 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 Y
12	/	14	/	2011

Transaction ID : **SB23.6146**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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6000.00
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