

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="16881.33"/>	<input type="text" value="16881.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26828.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3544.03"/>	<input type="text" value="25987.81"/>
(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="30372.49"/>	<input type="text" value="42869.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27889.51"/>	<input type="text" value="40386.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2482.98"/>	<input type="text" value="2482.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2951.29	14676.40
(ii) Unitemized	592.74	2811.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3544.03	17487.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3544.03	25987.81
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))..... ▶	3544.03	25987.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3544.03	25987.81

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	111.56	368.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	111.56	368.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27777.95	40018.13
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)) ..	27889.51	40386.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27889.51	40386.16

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)	3544.03	25987.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3544.03	25987.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	111.56	368.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	111.56	368.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Deborah Ford
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Park Drive

City Bowie State MD Zip Code 20715

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

Name of Employer Consumer Healthcare Products Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.92**

Date of Receipt **07 / 15 / 2012**

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period **20.84**

B. Deborah Ford
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Park Drive

City Bowie State MD Zip Code 20715

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

Name of Employer Consumer Healthcare Products Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **291.76**

Date of Receipt **07 / 31 / 2012**

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period **20.84**

C. Deborah Ford
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Park Drive

City Bowie State MD Zip Code 20715

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

Name of Employer Consumer Healthcare Products Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.60**

Date of Receipt **08 / 15 / 2012**

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period **20.84**

SUBTOTAL of Receipts This Page (optional)..... **62.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<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. Deborah Ford
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Park Drive

City State Zip Code
Bowie MD 20715

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

Name of Employer Occupation
Consumer Healthcare Products Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.44

Date of Receipt
08 / 31 / 2012
Transaction ID : SA11AI.6530

Amount of Each Receipt this Period
20.84

B. Deborah Ford
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Park Drive

City State Zip Code
Bowie MD 20715

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

Name of Employer Occupation
Consumer Healthcare Products Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt
09 / 15 / 2012
Transaction ID : SA11AI.6531

Amount of Each Receipt this Period
20.84

C. Deborah Ford
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Park Drive

City State Zip Code
Bowie MD 20715

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

Name of Employer Occupation
Consumer Healthcare Products Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.6532

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 8 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Elizabeth Funderburk		Date of Receipt MM / DD / YYYY 07 / 15 / 2012
Mailing Address 626 F St, NE		Transaction ID : SA11AI.6509
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 626 F St, NE		Transaction ID : SA11AI.6510
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	

Full Name (Last, First, Middle Initial) C. Elizabeth Funderburk		Date of Receipt MM / DD / YYYY 08 / 15 / 2012
Mailing Address 626 F St, NE		Transaction ID : SA11AI.6511
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.76	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
<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. Elizabeth Funderburk
Full Name (Last, First, Middle Initial)

Mailing Address 626 F St, NE

City Washington	State DC	Zip Code 20002
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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 ▼ **312.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.6512

Amount of Each Receipt this Period

20.84

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

Mailing Address 626 F St, NE

City Washington	State DC	Zip Code 20002
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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 ▼ **333.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2012

Transaction ID : SA11AI.6513

Amount of Each Receipt this Period

20.84

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

Mailing Address 626 F St, NE

City Washington	State DC	Zip Code 20002
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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 ▼ **354.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SA11AI.6514

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 10 OF 33
(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. John Gay

Mailing Address 3180 N. Quincy St.

City State Zip Code
Arlington VA 22207

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 ▼
833.36

Date of Receipt
07 / 15 / 2012

Transaction ID : SA11AI.6496

Amount of Each Receipt this Period
104.17

Full Name (Last, First, Middle Initial)
B. John Gay

Mailing Address 3180 N. Quincy St.

City State Zip Code
Arlington VA 22207

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 ▼
937.53

Date of Receipt
07 / 31 / 2012

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period
104.17

Full Name (Last, First, Middle Initial)
C. John Gay

Mailing Address 3180 N. Quincy St.

City State Zip Code
Arlington VA 22207

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 ▼
1041.70

Date of Receipt
08 / 15 / 2012

Transaction ID : SA11AI.6498

Amount of Each Receipt this Period
104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ **312.51**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 33
(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. John Gay

Mailing Address 3180 N. Quincy St.

City State Zip Code
 Arlington VA 22207

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 ▼
 1145.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : SA11AI.6499

Amount of Each Receipt this Period
 104.17

Full Name (Last, First, Middle Initial)
B. John Gay

Mailing Address 3180 N. Quincy St.

City State Zip Code
 Arlington VA 22207

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 ▼
 1250.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2012

Transaction ID : SA11AI.6500

Amount of Each Receipt this Period
 104.17

Full Name (Last, First, Middle Initial)
C. John Gay

Mailing Address 3180 N. Quincy St.

City State Zip Code
 Arlington VA 22207

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 ▼
 1354.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11AI.6501

Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ **312.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<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)

A. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2012
Transaction ID : SA11AI.6490
Amount of Each Receipt this Period 20.84

B. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 31 / 2012
Transaction ID : SA11AI.6491
Amount of Each Receipt this Period 20.84

C. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.60

Date of Receipt 08 / 15 / 2012
Transaction ID : SA11AI.6492
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 13 OF 33
<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. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.44

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.6493
Amount of Each Receipt this Period 20.84

B. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 15 / 2012
Transaction ID : SA11AI.6494
Amount of Each Receipt this Period 20.84

C. Travis Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 728 18th Street S.
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Assoc. Director, Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.6495
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 14 OF 33
<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. Carlos Gutierrez		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA11AI.6534
Mailing Address 926 North Barton Street		Amount of Each Receipt this Period 15.21
City Arlington	State Zip Code VA 22201	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 212.94
Name of Employer Consumer Healthcare Products	Occupation Director, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carlos Gutierrez		Date of Receipt MM / DD / YYYY 08 / 15 / 2012 Transaction ID : SA11AI.6535
Mailing Address 926 North Barton Street		Amount of Each Receipt this Period 15.21
City Arlington	State Zip Code VA 22201	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 228.15
Name of Employer Consumer Healthcare Products	Occupation Director, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carlos Gutierrez		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA11AI.6536
Mailing Address 926 North Barton Street		Amount of Each Receipt this Period 15.21
City Arlington	State Zip Code VA 22201	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 243.36
Name of Employer Consumer Healthcare Products	Occupation Director, State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	45.63
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 15 OF 33
	<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. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 926 North Barton Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Consumer Healthcare Products Director, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.57

Date of Receipt
09 / 15 / 2012
Transaction ID : SA11AI.6537

Amount of Each Receipt this Period
15.21

B. Carlos Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 926 North Barton Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Consumer Healthcare Products Director, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.78

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.6538

Amount of Each Receipt this Period
15.21

C. Dr. Barbara A. Kochanowski
Full Name (Last, First, Middle Initial)

Mailing Address 951 Hidden Park Place

City State Zip Code
Herndon VA 20170

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

Name of Employer Occupation
CHPA Vice President, Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.92

Date of Receipt
07 / 15 / 2012
Transaction ID : SA11AI.6502

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012 Transaction ID : SA11AI.6503
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 ▼ 291.76	

Full Name (Last, First, Middle Initial) B. Dr. Barbara A. Kochanowski		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012 Transaction ID : SA11AI.6505
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 ▼ 312.60	

Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012 Transaction ID : SA11AI.6506
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 ▼ 333.44	

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

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

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

FOR LINE NUMBER: PAGE 17 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 354.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2012
Transaction ID : SA11AI.6507
 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 ▼ 375.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.6508
 Amount of Each Receipt this Period
 20.84

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 ▼ 2708.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2012
Transaction ID : SA11AI.6477
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.01
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 18 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Scott M. Melville
Full Name (Last, First, Middle Initial)
Mailing Address 1596 Lupine Den Court

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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

Name of Employer Consumer Healthcare Products	Occupation President and CEO
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2916.63**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : SA11AI.6478

Amount of Each Receipt this Period

208.33

B. Scott M. Melville
Full Name (Last, First, Middle Initial)
Mailing Address 1596 Lupine Den Court

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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

Name of Employer Consumer Healthcare Products	Occupation President and CEO
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3124.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.6479

Amount of Each Receipt this Period

208.33

C. Scott M. Melville
Full Name (Last, First, Middle Initial)
Mailing Address 1596 Lupine Den Court

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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

Name of Employer Consumer Healthcare Products	Occupation President and CEO
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.29**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.6480

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Scott M. Melville
Full Name (Last, First, Middle Initial)

Mailing Address 1596 Lupine Den Court

City Vienna State VA Zip Code 22182

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

Name of Employer: Consumer Healthcare Products Occupation: President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3541.62**

Date of Receipt: **09 / 15 / 2012**

Transaction ID : SA11AI.6481

Amount of Each Receipt this Period: **208.33**

B. Scott M. Melville
Full Name (Last, First, Middle Initial)

Mailing Address 1596 Lupine Den Court

City Vienna State VA Zip Code 22182

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

Name of Employer: Consumer Healthcare Products Occupation: President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.95**

Date of Receipt: **09 / 30 / 2012**

Transaction ID : SA11AI.6482

Amount of Each Receipt this Period: **208.33**

C. Lindsay Morris
Full Name (Last, First, Middle Initial)

Mailing Address 7605 Trail Run Rd.

City Falls Church State VA Zip Code 22042

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

Name of Employer: Consumer Healthcare Products Occupation: Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.04**

Date of Receipt: **09 / 15 / 2012**

Transaction ID : SA11AI.6561

Amount of Each Receipt this Period: **62.51**

SUBTOTAL of Receipts This Page (optional).....▶	479.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Falls Church	VA	22042
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6562
Name of Employer	Occupation	Amount of Each Receipt this Period
Consumer Healthcare Products	Government Affairs	<input type="text" value="62.51"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="312.55"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6483
Name of Employer	Occupation	Amount of Each Receipt this Period
CHPA	VP	<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="541.71"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6484
Name of Employer	Occupation	Amount of Each Receipt this Period
CHPA	VP	<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.38"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="145.85"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.6485

Amount of Each Receipt this Period

41.67

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.6486

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 ▼ **708.39**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2012

Transaction ID : SA11AI.6487

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 22 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8417 Weller Avenue

City McLean State VA Zip Code 22102

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

Name of Employer CHPA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.6488

Amount of Each Receipt this Period
41.67

B. Dan Quinonez
Full Name (Last, First, Middle Initial)

Mailing Address 6011-A Curtier Drive

City Alexandria State VA Zip Code 22310

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

Name of Employer Consumer Healthcare Products Occupation State Government 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
07 / 15 / 2012

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period
20.84

C. Dan Quinonez
Full Name (Last, First, Middle Initial)

Mailing Address 6011-A Curtier Drive

City Alexandria State VA Zip Code 22310

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

Name of Employer Consumer Healthcare Products Occupation State Government 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
07 / 31 / 2012

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... **83.35**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dan Quinonez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011-A Curtier Drive
 City Alexandria State VA Zip Code 22310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt 08 / 15 / 2012
Transaction ID : SA11AI.6517
 Amount of Each Receipt this Period 20.84

B. Dan Quinonez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011-A Curtier Drive
 City Alexandria State VA Zip Code 22310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.6518
 Amount of Each Receipt this Period 20.84

C. Dan Quinonez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011-A Curtier Drive
 City Alexandria State VA Zip Code 22310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 15 / 2012
Transaction ID : SA11AI.6519
 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 24 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dan Quinonez

Mailing Address 6011-A Curtier Drive

City Alexandria State VA Zip Code 22310

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

Name of Employer Consumer Healthcare Products Occupation State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.12**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.6520

Amount of Each Receipt this Period
20.84

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.84
TOTAL This Period (last page this line number only).....▶	2951.29

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Wells Fargo Bank

Mailing Address 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2012

Transaction ID : SB21B.6614

Amount of Each Disbursement this Period

27.07

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB21B.6615

Amount of Each Disbursement this Period

29.92

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB21B.6616

Amount of Each Disbursement this Period

54.57

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

111.56

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

111.56

**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. BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 292

City ROANOKE State VA Zip Code 24002

Purpose of Disbursement

Candidate Name

ROBERT W GOODLATTE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : SB23.6599

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRALEY FOR CONGRESS

Mailing Address PO BOX 390

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement

Candidate Name

BRUCE L BRALEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2012

Transaction ID : SB23.6587

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement

Candidate Name

THOMAS R CARPER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : SB23.6566

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

**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. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement

Candidate Name

CHRISTOPHER A COONS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : SB23.6593

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

THOMAS RICHARD HARKIN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

Transaction ID : SB23.6608

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 50 E ST, SE
SUITE 1

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

LINDA SANCHEZ

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : SB23.6588

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. Consumer Healthcare Products Association

Mailing Address 900 19th Street, NW
Suite 700

City Washington State DC Zip Code 20006

Purpose of Disbursement
In-Kind to Braley for Congress (Rep. Bruce Braley)

Candidate Name

BRALEY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.6617

Amount of Each Disbursement this Period

1	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1

Full Name (Last, First, Middle Initial)

B. Consumer Healthcare Products Association

Mailing Address 900 19th Street, NW
Suite 700

City Washington State DC Zip Code 20006

Purpose of Disbursement
In-Kind to Committee to Re-Elect Linda Sanchez

Candidate Name

COMMITTEE TO RE-ELECT LINDA SANCHEZ

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.6618

Amount of Each Disbursement this Period

6	6	6	8	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

JOSEPH CROWLEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : SB23.6602

Amount of Each Disbursement this Period

1	0	0	0	0
---	---	---	---	---

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

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

1	7	7	7	5
---	---	---	---	---

1	7	7	7	5
---	---	---	---	---

**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. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

Candidate Name
DAVID LEE CAMP

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : **SB23.6603**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name
JOSEPH R. PITTS

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : **SB23.6595**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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
State: UT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2012

Transaction ID : **SB23.6580**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name
RON KIND

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB23.6583

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement

Candidate Name
AMY J KLOBUCHAR

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB23.6586

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name
LYNN JENKINS

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB23.6594

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MATHESON FOR CONGRESS

Mailing Address PO Box 521048
Suite A

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement

Candidate Name
JAMES D MATHESON

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2012

Transaction ID : **SB23.6605**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City State Zip Code
ROSWELL GA 30077

Purpose of Disbursement

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: House
 Senate
 President
State: GA 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
09	/	20	/	2012

Transaction ID : **SB23.6596**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROGERS FOR CONGRESS

Mailing Address Post Office Box 581
Post Office Box 581

City State Zip Code
Brighton MI 48116

Purpose of Disbursement

Candidate Name
MICHAEL J ROGERS

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2012

Transaction ID : **SB23.6590**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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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. RYAN FOR CONGRESS

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

PAUL D. RYAN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SB23.6464

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement

Candidate Name

DEBBIE STABENOW

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SB23.6571

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEVE HOBBS FOR CONGRESS

Mailing Address 3309 114TH DRIVE NE

City LAKE STEVENS State WA Zip Code 98258

Purpose of Disbursement

Candidate Name

STEVE HOBBS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2012

Transaction ID : SB23.6575

Amount of Each Disbursement this Period

500.00

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

2500.00

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

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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. UPTON FOR ALL OF US

Mailing Address PO BOX 490

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

FREDERICK STEPHEN UPTON

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2012

Transaction ID : SB23.6572

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement

Candidate Name

SHELDON II WHITEHOUSE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2012

Transaction ID : SB23.6579

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

ED WHITFIELD

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2012

Transaction ID : SB23.6567

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

27777.95
