Image# 13960811396				PAGE 1 / 33
FEC A	EPORT OF REC ND DISBURSEM Other Than An Authorized	IENTS	017 11	
1. NAME OF TY	PE OR PRINT ▼ Exam	nple: If typing, type	Office Us	e Only
COMMITTEE (in full)		the lines.	12FE4M5	
Consumer Healthcare P	oducts Association PAC			
ADDRESS (number and street)	900 19th Street, NW			
Check if different	Suite 700			
than previously reported. (ACC)	Washington		DC 20006	
2. FEC IDENTIFICATION NUM		S		ZIP CODE
C C00040584	3. IS THIS REPORT	NEW (N) OR	× AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3)	Election on	M = M / D = D / 7	Y Y Y Y	in the State of
Year-End Report (YE) July 31 Mid-Year	(d) 30-Day			
Report (Non-election Year Only) (MY)		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 07	/ D D / Y Y Y Y 01 2012	through 09	/ D D / Y Y 30 201	2
I certify that I have examined this	Report and to the best of my knowl	ledge and belief it is true	e, correct and complet	е.
Type or Print Name of Treasurer	Roman G. Blazauskas			
Signature of Treasurer	E. Blazauskas [1	Electronically Filed] Da	ate 02 / 07	D / Y Y Y Y 2013
NOTE: Submission of false, erroneou	s, or incomplete information may sub	ject the person signing thi	s Report to the penaltie	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X ev. 12/2004

02/07/2013 15 : 35

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From: 07	M / D D / Y Y Y Y 01 2012 To:	M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		16881.33
	(b) Cash on Hand at Beginning of Reporting Period	26828.46	
	(c) Total Receipts (from Line 19)	3544.03	25987.81
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	30372.49	42869.14
7.	Total Disbursements (from Line 31)	27889.51	40386.16
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2482.98	2482.98
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

		TAILED SUMMARY PAGE of Receipts	
14	FEC Form 3X (Rev. 06/2004)		Page 3
	rite or Type Committee Name		
	Consumer Healthcare Products Asso	CIALION PAC (CHPA/PAC)	
R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 2012 To:	M M / D D / Y
	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	2054.20	14676.40
	(i) Itemized (use Schedule A)	2951.29	14070.40
	(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	7 7	
	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
		0.00	0.00
13.	All Loans Received		0.00
14.	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	2.00
10	(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
		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

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DETAILED SUMMARY PAGE

	II. Disbursements	COLUMN A	COLUMN B
1. (Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(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
	Transfers to Affiliated/Other Party Committees	0.00	0.00
. (Contributions to Federal Candidates/Committees		
â	and Other Political Committees	27777.95	40018.13
	Independent Expenditures (use Schedule E)	0.00	0.00
Ì	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. 8441a(d))		
((2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
`	(such as PACs)	0.00	0.00
((d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))►	7 7 7	
. (Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) "Levin" Share	0.00	0.00
((b) Federal Election Activity Paid Entirely		
1	With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
,	Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	27889.51	40386.16
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	27889.51	40386.16

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3544.03	25987.81	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	3544.03	25987.81	
 S. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	111.56	368.03	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
 Net Operating Expenditures (subtract Line 37 from Line 36) 	111.56	368.03	

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page	>	(11a		11b	11c		12			
			Detailed Summary Fage		13		14	15		16	17		
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) Deborah Ford				Date of	Re	ceipt						
	Mailing Address 5730 Park Drive			07 15 2012									
	City	State MD	Zip Code		Trans	acti	on ID :	SA11AI.	352 7	7			
	Bowie	IVID	20715	_	Amount	of	Each R	leceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С				_	,		_	20.	84		
	Name of Employer	Occupation											
	Consumer Healthcare Products	Project Mar	nager										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		270.92										
в.	Full Name (Last, First, Middle Initial) Deborah Ford				Date of	Re	ceipt						
	Mailing Address 5730 Park Drive					07 31 2012							
	City		Transaction ID : SA11AI.6528										
	Bowie	MD	20715	_	Amount	of	Each R	leceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	84		
	Name of Employer Consumer Healthcare Products	Occupation Project Mar											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		291.76										
с.	Full Name (Last, First, Middle Initial) Deborah Ford				Date of	Re	ceipt						
	Mailing Address 5730 Park Drive				м м 08	/	D 15) / Y)12	Y		
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	652	9			
	Bowie	MD	20715	_	Amount	of	Each R	leceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					,		_	20	.84		
	Name of Employer												
	Consumer Healthcare Products												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		212.00										
	Other (specify)		312.60										
s	UBTOTAL of Receipts This Page (optional)		•				,		_	62.	52		
т	OTAL This Period (last page this line number of	only)					,		Ξ				

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

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PAGE 7 OF

			Detailed Summary Page		11a 13	┝	11b 14	11c 15	\vdash	12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)										
Α.	Full Name (Last, First, Middle Initial) Deborah Ford Mailing Address 5730 Park Drive		Date of Receipt										
	City Bowie	State MD	Zip Code 20715		08 31 2012 Transaction ID : SA11AI.6530 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee. Name of Employer Occupat Consumer Healthcare Products Project N Receipt For: Agaroget							1			20	.84		
			nager										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.44										
В.	Full Name (Last, First, Middle Initial) Deborah Ford Mailing Address 5730 Park Drive			(Date of	Re	eceipt	/ Y	Y	V	Y		
	City		09 15 2012 Transaction ID : SA11AI.6531 Amount of Each Receipt this Period										
	Bowie FEC ID number of contributing federal political committee.		Amount	: of	Each R	eceipt th	is P	'eriod 20.	84				
	Name of Employer Consumer Healthcare Products	nager											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.28		_								
C.	Full Name (Last, First, Middle Initial) Deborah Ford				Date of	Re	eceipt						
	Mailing Address 5730 Park Drive		7.0.1		м м 09	/	30	JL)12	Y		
	City Bowie	State MD	Zip Code 20715					SA11AI.					
	FEC ID number of contributing federal political committee.	С					,	7	_	20	.84		
	Name of Employer												
	Consumer Healthcare Products	Project Ma	nager	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.12										
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PAGE 8 OF

			Detailed Summary Page		11a 13		11b 14	11c	;	12 16	17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for to sol	or the	purp ntrib	pose of	f solicit	ing co uch c	ontribu	tions	_		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)									_		
Α.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk			[Date of	Re	eceipt							
	Mailing Address 626 F St, NE				м м 07	/	15		Y 2	2012	Y			
	City Washington	State DC	Zip Code 20002	A										
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
Name of EmployerOccupationCHPADirector, C			ommunications & Media											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.08											
в.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk				Date of	Re	eceipt							
	Mailing Address 626 F St, NE City State Zip Code						07 31 2012 Transaction ID : SA11AI.6510							
	City Washington	State DC	A			ion ID : Each F								
	FEC ID number of contributing federal political committee.	С					,			20	.84			
	Name of Employer CHPA	Occupation Director, Co	mmunications & Media											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.92											
C.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk				Date of	Re	eceipt							
	Mailing Address 626 F St, NE				м м 08	/	D 15			2012	Y			
	City Washington	State DC	Zip Code 20002	A			ion ID : Each F							
	FEC ID number of contributing federal political committee.	С					л. I.			20	.84			
	Name of Employer	Occupation												
	CHPA Receipt For:		ommunications & Media Year-to-Date ▼	_										
	Primary General Other (specify) ▼		291.76											
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т	OTAL This Period (last page this line number o	nly)		. [7							

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		Detailed Summary Page		11a 13		11b 14	110		12 16	17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	erson fo to sol	or the	purp ntrib	pose of	f solici	ting co	ontribut	tions				
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)												
Full Name (Last, First, Middle Initial) A. Elizabeth Funderburk			0	Date of	Re	ceipt								
Mailing Address 626 F St, NE				08 31 2012										
City Washington	State DC	Zip Code 20002	A											
FEC ID number of contributing federal political committee.	С					,			20	.84				
Name of Employer	Occupation Director, Co	ommunications & Media												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.60												
Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk			C	Date of	Re	ceipt								
Mailing Address 626 F St, NE	City State Zip Code						09 15 2012 Transaction ID : SA11AI.6513							
Washington	DC	A			on ID : Each F									
FEC ID number of contributing federal political committee.	С					7			20.	.84				
Name of Employer CHPA	Occupation Director, Co	ommunications & Media												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.44												
Full Name (Last, First, Middle Initial) C. Elizabeth Funderburk				Date of	Re	ceipt								
Mailing Address 626 F St, NE				м м 09	/	30			012	Y				
City Washington	State DC	Zip Code 20002	A			ion ID : Each F								
FEC ID number of contributing federal political committee.	С				_	7			20	.84				
Name of Employer	Occupation													
CHPA Receipt For: Primary General Other (specify) ▼		ommunications & Media Year-to-Date ▼ 354.28												
SUBTOTAL of Receipts This Page (optional)						7			62.	52				

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FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Association PAC (CHPA/PAC	2)
Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St. City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22207 C Occupation Vice President, Government Affairs 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 Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22207 C Occupation Vice President, Government Affairs Aggregate Year-to-Date ▼ 937.53	Date of Receipt
Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St. City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22207 C Occupation Vice President, Government Affairs Aggregate Year-to-Date ▼ 1041.70	Date of Receipt M M M M Y
SUBTOTAL of Receipts This Page (optional))	312.51
TOTAL This Period (last page this line num	ber only)	I I I I I I I I I I I I I I I I I I I

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)						
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			Date of Receipt					
	City Arlington	State VA	Zip Code 22207	08 31 2012 Transaction ID : SA11AI.6499					
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		n dent, Government Affairs Year-to-Date ▼ 1145.87						
в.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.	Date of Receipt							
	City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22207	09 15 2012 Transaction ID : SA11AI.6500 Amount of Each Receipt this Period 104.17					
	Name of Employer Consumer Healthcare Products	Occupation	ent, Government Affairs						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.04						
C.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			Date of Receipt					
	City Arlington	State VA	Zip Code 22207	09 30 2012 Transaction ID : SA11AI.6501 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		104.17					
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		n dent, Government Affairs Year-to-Date ▼ 1354.21						
s	UBTOTAL of Receipts This Page (optional)		••••••	312.51					
т	OTAL This Period (last page this line number o	nly)							

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		each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and St or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association F	PAC (CHPA/PAC)								
Full Name (Last, First, Middle Initial) A. Travis Gibbons Mailing Address 728 18th Street S.			Date of Receipt							
City Arlington		o Code 2202	07 15 2012 Transaction ID : SA11AI.6490 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		20.84							
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Assoc. Director, Fe Aggregate Year-to									
Full Name (Last, First, Middle Initial) B. Travis Gibbons Mailing Address 728 18th Street S.	Date of Receipt									
City Arlington FEC ID number of contributing federal political committee.		202	07 31 2012 Transaction ID : SA11AI.6491 Amount of Each Receipt this Period 20.84							
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Assoc. Director, Fe Aggregate Year-to									
Full Name (Last, First, Middle Initial) C. Travis Gibbons Mailing Address 728 18th Street S.			Date of Receipt							
City Arlington FEC ID number of contributing	VA 22	2202	Transaction ID : SA11AI.6492 Amount of Each Receipt this Period 20.84							
federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary Other (specify) ▼	Occupation Assoc. Director, Fe Aggregate Year-to									
SUBTOTAL of Receipts This Page (optional)										

FOR LINE NUMBER:

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			Detailed Summary Page		(11a		11b	11c		12	
			Detailed Summary Faye		13		14	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))							
Α.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re	ceipt				
	Mailing Address 728 18th Street S.				м м 08	/	31) / Y		012	Y
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.649	3	
	Arlington	VA	22202		Amount	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,		_	20	.84
	Name of Employer	Occupation									
	Consumer Healthcare Products	Assoc. Dire	ctor, Federal Affairs								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		333.44								
в.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re	ceipt				
	Mailing Address 728 18th Street S.				м м 09	/	15		Y 20) 12	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	.649	4	
	Arlington	VA	22202		Amount	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,			20.	.84
	Name of Employer Consumer Healthcare Products	Occupation Assoc. Dire	ctor, Federal Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		354.28								
С.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re	ceipt				
	Mailing Address 728 18th Street S.				м м 09	/	30) 12	Y
	City	State VA	Zip Code					SA11AI			_
	Arlington	VA	22202	_	Amount	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7	,	_	20	.84
	Name of Employer	Occupation	1	\neg							
	Consumer Healthcare Products	Assoc. Dire	ector, Federal Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	General									
	Other (specify)		375.12								
s	UBTOTAL of Receipts This Page (optional)						7		-	62.	52
т	OTAL This Period (last page this line number	only)		•			,		1		

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street			Date of Receipt
	City	State	Zip Code	07 31 2012 Transaction ID : SA11AI.6534
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.21
	Name of Employer Consumer Healthcare Products	Occupation Director, St		_
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	212.94	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 926 North Barton Street			08 15 2012
	City	State	Zip Code	Transaction ID : SA11AI.6535
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.21
	Name of Employer Consumer Healthcare Products	Occupation Director, St		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.15	
<u>с.</u>	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 926 North Barton Street			08 31 2012
	City Arlington	State VA	Zip Code 22201	Transaction ID : SA11AI.6536 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.21
	Name of Employer	Occupation	1	
	Consumer Healthcare Products	Director, St	ate Affairs	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		243.36	
s	UBTOTAL of Receipts This Page (optional)		•••••	45.63
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		Detailed Summary Page		11a 13	-	11b 14	11 11	1c 5	12 16		17
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NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associa [.]	tion PAC (CHPA/PAC))								
Full Name (Last, First, Middle Initial) A. Carlos Gutierrez Mailing Address 926 North Barton Street City Addicates	State VA	Zip Code 22201			/ act	15 ion ID :	: SA1	1AI.65		Y	
Arlington FEC ID number of contributing federal political committee.	С			Amount	of	Each F	Receip	ot this		d 5.21	
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	Occupation Director, S Aggregate										
Full Name (Last, First, Middle Initial) B. Carlos Gutierrez Mailing Address 926 North Barton Street City Arlington	State VA	Zip Code 22201			/ acti	30	SA11	2 1AI.65		Ŷ	
FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For:	Occupatior Director, St				or	Each F	Receip			5.21	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	T -	Zip Code 20170 Ment, Regulatory Affairs Year-to-Date ▼ 270.92			act	eceipt 15 ion ID : Each F	; : SA1	1AI.65	Perio	y J 0.84	
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·				7			51	1.26	

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or for commercial purposes, other than using the		used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Association PAC (CF	HPA/PAC)
Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affa Aggregate Year-to-Date ▼	Date of Receipt 07 31 2012 Transaction ID : SA11AI.6503 Amount of Each Receipt this Period 20.84 291.76
Full Name (Last, First, Middle Initial) B. Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee.	State Zip Code VA 20170	Date of Receipt 08 15 2012 Transaction ID : SA11AI.6505 Amount of Each Receipt this Period 20.84
Name of Employer CHPA Receipt For: Primary General Other (specify)	Occupation Vice President, Regulatory Affa Aggregate Year-to-Date ▼	airs 312.60
Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State Zip Code VA 20170 C Occupation Vice President, Regulatory Affr Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 08 31 2012 Transaction ID : SA11AI.6506 Amount of Each Receipt this Period 20.84 333.44
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Associat	tion PAC (CHPA/PAC))
Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General		lent, Regulatory Affairs Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place City Herndon FEC ID number of contributing federal political committee. Name of Employer	State VA C	354.28 Zip Code 20170	Date of Receipt 09 30 2012 Transaction ID : SA11AI.6508 Amount of Each Receipt this Period 20.84
CHPA Receipt For: Primary General Other (specify)		Year-to-Date ▼ 375.12]
Full Name (Last, First, Middle Initial) C. Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State VA C Occupation President a Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b 14		1c 5	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the			for the		pose o	of solid	citing	contribu	utions
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)							
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court			 Date o		eceipt		Y	y y 2012	Y
	City Vienna	State VA	Zip Code 22182	Trans		ion ID	: SA1			d
	FEC ID number of contributing federal political committee.	С				7			20	8.33
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	Occupation President a Aggregate								
В.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court			 Date o		eceipt	D /	Y	YY	Y
	City Vienna FEC ID number of contributing	State VA	Zip Code 22182			15 i on ID : Each I	: SA1	1AI.64	2012 479 s Period	Ŀ
	federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General	Occupation President a Aggregate				7		5	208	3.33
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott M. Melville	L	3124.96	Date o	f Re	eceipt				
	Mailing Address 1596 Lupine Den Court City Vienna	State VA	Zip Code 22182		sact	31 ion ID	1 : SA1	1AI.6		_
	FEC ID number of contributing federal political committee.	С		Amoun	t of	Each I	Recei	pt this	s Perioo 20	8.33
	Name of Employer	Occupation President a								
	Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3333.29							
s	UBTOTAL of Receipts This Page (optional)		•			7	_	<u></u>	624	1.99
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee.	State VA C	Zip Code 22182	Date of Receipt 09 15 2012 Transaction ID : SA11AI.6481 Amount of Each Receipt this Period 208.33
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	Occupation President a Aggregate		
Full Name (Last, First, Middle Initial) B. Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee.	State VA	Zip Code 22182	Date of Receipt 09 / 30 / 2012 Transaction ID : SA11AI.6482 Amount of Each Receipt this Period 208.33
Name of Employer Consumer Healthcare Products Receipt For:	Occupation President a Aggregate		
Full Name (Last, First, Middle Initial) C. Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	State VA C Occupation Governmer Aggregate		Date of Receipt 09 15 2012 Transaction ID : SA11AI.6561 Amount of Each Receipt this Period 62.51
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			479.17

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PAGE 20 OF

		Detailed Summary Page		11a 13	11		11c 15	12 16	17
Any information copied from such Reports or for commercial purposes, other than us							oliciting		tions
NAME OF COMMITTEE (In Full) Consumer Healthcare Proc	-								
Full Name (Last, First, Middle Initial) A. Lindsay Morris Mailing Address 7605 Trail Run Rd.				Date of		pt	/ Y	YY	Y
City	State	Zip Code		09 Transa	action	30 ID : S	A11AI.6	2012 5 562	
Falls Church	VA	22042	A	mount	of Ea	ch Reo	ceipt thi	is Period	
federal political committee.	C				7			62	2.51
Name of Employer Consumer Healthcare Products	Occupation Governmer								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.55							
Full Name (Last, First, Middle Initial) B. Ted Peterson				Date of	Recei	pt			
Mailing Address 8417 Weller Avenue				м м 07	/ [15	/ Y	y y 2012	Y
City McLean	State VA	Zip Code 22102					A11AI.6	5 483 is Period	
FEC ID number of contributing federal political committee.	C				51 24		J.		.67
Name of Employer CHPA	Occupation VP								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.71]						
Full Name (Last, First, Middle Initial) C. Ted Peterson				Date of	Recei	pt			
Mailing Address 8417 Weller Avenue				м м 07	/ [31	/ Y	2012	Y
City McLean	State VA	Zip Code 22102	A				A11AI.6	6484 is Period	
FEC ID number of contributing federal political committee.	С							41	.67
Name of Employer	Occupation								
CHPA Receipt For:	VP								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.38							
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TOTAL This Period (last page this line nu	Imber only)		•		,		7		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	tion PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) Ted Peterson			Date of Receipt
	Mailing Address 8417 Weller Avenue	State	Zip Code	08 15 2012
	McLean	VA	22102	Transaction ID : SA11AI.6485 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer CHPA	Occupation VP	1	_
	Receipt For:	Aggregate	Year-to-Date ▼ 625.05	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 8417 Weller Avenue			08 31 2012
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.6486 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer CHPA	Occupation VP	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ted Peterson			Date of Receipt
	Mailing Address 8417 Weller Avenue			09 15 / Y Y Y Y 2012
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.6487 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer	Occupation	1	_
	CHPA Receipt For:	VP		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 708.39	
s	UBTOTAL of Receipts This Page (optional)		••••••	125.01
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PAGE 22 OF

'			Detailed Summary Page		11a 13	\vdash	11b 14	\vdash	11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the								oliciting			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))								
Α.	Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue				Date o M M M		D	30	/ Y	Y 201	Y 12	Ŷ
	City McLean	State VA	Zip Code 22102		Trans		ion ID):S	A11AL	6488		_
	FEC ID number of contributing federal political committee.	С					7				41.	67
	Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 750.06									
в.	Full Name (Last, First, Middle Initial) Dan Quinonez Mailing Address 6011-A Curtier Drive				Date o	_	D	D	/ Y	Y	Y	Ŷ
	City Alexandria	State VA	Zip Code 22310				ion ID		A11AI.			
	FEC ID number of contributing federal political committee.	С					,			_	20.8	34
	Name of Employer Consumer Healthcare Products	Occupation State Gover	rnment Affairs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.92									
c.	Full Name (Last, First, Middle Initial) Dan Quinonez				Date o	f Re	eceipt					
	Mailing Address 6011-A Curtier Drive				м м 07	/		D 31	/ Y	y 201		Y
	City Alexandria	State VA	Zip Code 22310						SA11AI.			
	FEC ID number of contributing federal political committee.	С					7		1		20.	84
	Name of Employer	Occupation		_								
	Consumer Healthcare Products Receipt For:		rnment Affairs	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.76									
s	UBTOTAL of Receipts This Page (optional)			•			7			_	83.3	35
т	OTAL This Period (last page this line number o	nly)	•				3					

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PAGE 23 OF

			Detailed Summary Page	×	11a		11b	11c	\vdash	12	
Ar	y information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	erson	13 for the	puri	14 pose o	15 of solicitin	 g co	16 16	ions
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))							
A.	Full Name (Last, First, Middle Initial) Dan Quinonez				Date of	f Re	eceipt				
	Mailing Address 6011-A Curtier Drive				м м 08	1	D 15			2012	Y
	City Alexandria	State VA	Zip Code 22310					: SA11AI Receipt t			
	FEC ID number of contributing federal political committee.	С					7	7		20	.84
	Name of Employer Consumer Healthcare Products	Occupation State Gove	rnment Affairs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.60								
В.	Full Name (Last, First, Middle Initial) Dan Quinonez				Date of	f Re	eceipt				
	Mailing Address 6011-A Curtier Drive				м м 08	1	D 31			012	Y
	City Alexandria	State VA	Zip Code 22310					: SA11AI Receipt t			
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	84
	Name of Employer Consumer Healthcare Products	Occupation State Gove	rnment Affairs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3333.44								
c.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
	Mailing Address 6011-A Curtier Drive				м м 09	1	D 15			012	Y
	City Alexandria	State VA	Zip Code 22310					: SA11A Receipt t			
	FEC ID number of contributing federal political committee.	С					7	7	_	20	.84
	Name of Employer	Occupation									
	Consumer Healthcare Products	State Gove	rnment Affairs								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		354.28								
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7	7		62.	52
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or for commercial purposes, other than using	the name and ac	dress of any political committee	erson to e to sol	icit co	ntrib	utions f	from su	uch c	ommitt	ee.
NAME OF COMMITTEE (In Full)										
Consumer Healthcare Produc	cts Associati	on PAC (CHPA/PAC))							
Full Name (Last, First, Middle Initial) A. Dan Quinonez			C	Date of	f Re	ceipt				
Mailing Address 6011-A Curtier Drive				м м	/	30	/		2012	Y
City	State	Zip Code		Trans	acti	on ID :	SA11	AI.652	20	
Alexandria	VA	22310	A	moun	t of	Each F	Receipt	this I	Period	
FEC ID number of contributing federal political committee.	С					7	,		20	.84
Name of Employer	Occupation									
Consumer Healthcare Products	State Gover	nment Affairs								
Receipt For:	Aggregate `	Year-to-Date ▼								
Other (specify)		375.12								
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City	State	Zip Code	Amount of Each Receipt							
FEC ID number of contributing federal political committee.	С					7				
Name of Employer	Occupation									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 - 3 - 4		11.							
Other (specify)		<u>, , , , , , , , , , , , , , , , , , , </u>								
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TOTAL This Period (last page this line numb							,		2951	29

S	CHEDULE B (FEC Form 3X)			F	OR		NE NUMBER: PAGE 25 OF 33											
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec		ly one)											
			Detailed Summary Page				22 28a	-	23 28b	24		25 29	26					
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\square	NAME OF COMMITTEE (In Full)																	
	Consumer Healthcare Products As	ssociatio	on PAC (CH	PA/F	PA	C)												
~	Full Name (Last, First, Middle Initial)						Data	.f D:	oburoo	mont								
А.	Wells Fargo Bank						Date o				V		V					
	Mailing Address 1800 K Street NW						07 11 2012											
	,	State	Zip Code				Transaction ID : SB21B.6614											
	Washington Purpose of Disbursement	DC	20006				I ransaction ID : SB21B.6614											
	Fulpose of Disbursement			0	01		Amount of Each Disbursement this Period											
	Candidate Name			Cate	eaor	~v/												
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	Senate	ment For: Primary	General															
	State: District:	Other (spe	ecify) 🔻															
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В.	Wells Fargo Bank						Date of	of Di	sburse	ement								
							M	/	D			Y Y	Y					
	Mailing Address 1800 K Street NW						08			3		2012						
	City Washington	State DC	Zip Code 20006				Tran	sact	tion ID	: SB2 [,]	1B.66	15						
	Purpose of Disbursement				001		Amount of Footh Distances with this Don't it											
	Candidate Name			_	Amount of Each Disbursement this Period													
	Candidate Name		ry/		1				29	9.92								
	Office Sought: House Disburse	ment For:			ype)		7							
	Senate	Primary	General															
	State: District:	Other (spe	ecify) 🔻															
_	Full Name (Last, First, Middle Initial)																	
C.	Wells Fargo Bank						Date of	of Di	sburse	ement								
							M	1 /	D			Y Y	Y					
	Mailing Address 1800 K Street NW						09	1	2	1	- 4	2012						
	City	State	Zip Code				Tran	sari	tion ID	: SB2 ²	IR 66'	16						
	Washington Purpose of Disbursement	DC	20006				man	340		. 002		10						
				0	01		Amour	nt of	Fach	Disbur	مصمو	nt this	Period					
	Candidate Name			Cate	egor ype	ry/	Amount of Each Disbursement this Period 54.57											
	Office Sought: House Disburse	ment For:							7		7							
	Senate	Primary	General															
	State: District:	Other (spe	ecity) 🔻															
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 26 OF 33											
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the	s) (check only	v one)											
		Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b											
	y information copied from such Reports and Stater for commercial purposes, other than using the nar		used by any perso	on for the purpose of soliciting contributions											
$\left[\right]$	NAME OF COMMITTEE (In Full)														
	Consumer Healthcare Products As	ssociation PAC (C	HPA/PAC)												
Α.	Full Name (Last, First, Middle Initial) BOB GOODLATTE FOR CONGRE	ESS COMMITTEE		Date of Disbursement											
	Mailing Address P.O. BOX 292			09 / D D / Y Y Y Y Y 20 2012											
	City ROANOKE	State Zip Code VA 24002		Transaction ID : SB23.6599											
	Purpose of Disbursement														
				Amount of Each Disbursement this Period											
	Candidate Name ROBERT W GOODLATTE		Category/ Type	1000.00											
		ment For: 2012	Турс												
	Senate	Primary Keneral													
	State: VA District: 06	Other (specify)													
	Full Name (Last, First, Middle Initial)														
В.	BRALEY FOR CONGRESS			Date of Disbursement											
	Mailing Address DO DOV 600			09 13 2012											
	Mailing Address PO BOX 390			13 2012											
	City WATERLOO	State Zip Code IA 50704		Transaction ID : SB23.6587											
	Purpose of Disbursement														
	Candidate Name			Amount of Each Disbursement this Period											
	BRUCE L BRALEY		Category/ Type	2000.00											
		ment For: 2012													
	Senate	Primary General													
	State: IA District: 01	Other (specify)													
_	Full Name (Last, First, Middle Initial)														
C.	CARPER FOR SENATE			Date of Disbursement											
	Mailing Address PO BOX 2882			07 06 2012											
		State Zip Code		Transaction ID : SB23.6566											
	WILMINGTON Purpose of Disbursement	DE 19805													
				Amount of Each Disbursement this Period											
			Category/	1000.00											
	THOMAS R CARPER Office Sought: House Disburser	ment For: 2012	Туре	1 1 1											
	X Senate	Primary General													
	President	Other (specify)													
	State: DE District: 00														
s	UBTOTAL of Disbursements This Page (optional)		······	4000.00											
	OTAL This Period (last page this line number only)													

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 33									
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only										
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b									
Any information copied from such Reports and St or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
Consumer Healthcare Products	Association PAC (CH	PA/PAC)										
Full Name (Last, First, Middle Initial) A. CHRIS COONS FOR DELAWAI	RE		Date of Disbursement									
Mailing Address PO BOX 9900			09 19 2012									
City NEWARK	State Zip Code DE 19714		Transaction ID : SB23.6593									
Purpose of Disbursement			Amount of Each Disbursement this Period									
Candidate Name		Category/										
CHRISTOPHER A COONS Office Sought: House Disbu	rsement For: 2012	Туре	2000.00									
X Senate	Primary X General											
State: DE District: 00	Other (specify)											
Full Name (Last, First, Middle Initial)												
B. CITIZENS FOR HARKIN			Date of Disbursement									
Mailing Address P O BOX 811			09 24 2012									
City DES MOINES	State Zip Code IA 50304		Transaction ID : SB23.6608									
Purpose of Disbursement		····	Amount of Each Disbursement this Period									
Candidate Name		Category/	1500.00									
THOMAS RICHARD HARKIN Office Sought: House Disbu	rsement For: 2014	Туре	1000.00									
Office Sought: House Disbu	$\frac{1}{2014}$ Primary X General											
State: IA District: 00	Other (specify)											
Full Name (Last, First, Middle Initial)			Date of Disbursement									
C. COMMITTEE TO RE-ELECT LI	NDA SANCHEZ											
Mailing Address 50 E ST, SE SUITE 1			09 20 2012									
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.6588									
Purpose of Disbursement	20003											
Candidate Name			Amount of Each Disbursement this Period									
LINDA SANCHEZ		Category/ Type	2000.00									
Office Sought: X House Disbu Senate President	rsement For: 2012 Primary X General Other (specify) ▼											
State: CA District: 38												
SUBTOTAL of Disbursements This Page (option	al)	····· ►	5500.00									
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\backslash	NAME OF COMMITTEE (In Full)	-															
	Consumer Healthcare Products As	sociatio	on PAC (CH	PA/F	PAC	C)											
^	Full Name (Last, First, Middle Initial)	• .•					Data	st Dia	huron	mont							
А.	Consumer Healthcare Products As	sociatio	on				Date of Disbursement										
	Mailing Address 900 19th Street, NW Suite 700		09 26 2012														
	,	State DC	Zip Code 20006				Transaction ID : SB23.6617										
	Washington Purpose of Disbursement	00	20006	_		_	_										
	In-Kind to Braley for Congress (Rep. Bruce Braley)						Amou	nt of	Each	Disburse	ment th	nis Period					
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В.	Consumer Healthcare Products As	sociatio	on				Date of										
	Mailing Address 900 19th Street, NW Suite 700						09 26 2012										
		State	Zip Code			Transaction ID : SB23.6618											
	Washington	DC	20006		Transaction ID : 5B23.0018												
	Purpose of Disbursement In-Kind to Committee to Re-Elect Linda Sanchez						Amount of Each Disbursement this Period										
	Candidate Name			Cat	egory		Amount of Each Disbursement this Period										
	COMMITTEE TO RE-ELECT LIND	DA SAN	CHEZ		ype	y/											
		ement For: 2012															
	Senate President	Primary Other (spe	General														
	State: CA District: 38	Other (sp	echy) 🔻														
_	Full Name (Last, First, Middle Initial)																
C.	CROWLEY FOR CONGRESS						Date of										
	Mailing Address 84-56 GRAND AVENUE						09	1 /	2		201						
	City	Ctoto	Zip Code														
	City ELMHURST	State NY	21p Code 11373				Tran	sact	ion ID	: SB23.6	602						
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	Candidate Name JOSEPH CROWLEY				egory	y/					1	000.00					
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\square	NAME OF COMMITTEE (In Full)															
	Consumer Healthcare Products As	ssociati	on PAC(CH	PA/F	PA(C)										
Α.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS						Date	of Di	sburse	ement						
							M M / D D / Y Y Y Y									
	Mailing Address 5915 EASTMAN AVENUE SUITE 100				09 21 2012											
	City MIDLAND	State MI	Zip Code 48640				Transaction ID : SB23.6603									
	Purpose of Disbursement	1011	48040	_		_										
	•						Amou	nt of	Each	Disburse	ment	this F	Period			
	Candidate Name			Cate	egor	y/						1000	00			
	DAVID LEE CAMP				ype				7			1000	.00			
	Office Sought: House Disburse	ment For:														
	President	Primary Other (sp	General													
	State: MI District: 04		(cony)													
	Full Name (Last, First, Middle Initial)															
В.	FRIENDS OF JOE PITTS						Date	of Di	sburse	ement						
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	Mailing Address PO BOX 775						09		2	.0	20	12				
	City Unionville	State PA	Zip Code 19375				Trar	nsact	ion ID	: SB23.6	595					
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	JOSEPH R. PITTS			T	ype			1000	.00							
	Office Sought: House Disburse Senate	ment For: Primary	2012 X General													
	President	Other (sp														
	State: PA District: 16															
_	Full Name (Last, First, Middle Initial)						D .	(D:								
υ.	HATCH ELECTION COMMITTEE	INC					Date									
	Mailing Address 175 SOUTH WEST TEMPLE SUIT	FE 650					M 08		D 1	1	201		Y			
	City	State	Zip Code			-+	-				500					
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	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	Consumer Healthcare Products As	sociation F	PAC (CHF	PA/PAC)											
_	Full Name (Last, First, Middle Initial)														
Α.	KIND FOR CONGRESS COMMIT	TEE			Date of Disbursement										
	Mailing Address 205 5TH AVENUE SOUTH				09 11 2012										
	City		p Code		Transa	ction ID	: SB23.6	583							
	LA CROSSE	WI 54	4601		Transa		. 0023.0	505							
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	Senate President	nent For: 2012 Primary D Other (specify)	K General												
	State: WI District: 03														
_	Full Name (Last, First, Middle Initial)														
В.	KLOBUCHAR FOR MINNESOTA	2012			Date of I	Jisburse	ment								
	Mailing Address PO BOX 4146				м м 09	/ D		2012							
		<u></u>													
	City ST PAUL		p Code 5104		Transa	ction ID	: SB23.6	586							
	Purpose of Disbursement		5104												
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	AMY J KLOBUCHAR			Туре		- 7		10	00.00)					
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	State: MN District: 00	Other (specify)	•												
_	Full Name (Last, First, Middle Initial)														
C.	LYNN JENKINS FOR CONGRESS	6			Date of I										
	Mailing Address P.O. BOX 1441				09	/ 1		2012	Y						
	City	State Zi	p Code		Turner	atian ID		504							
	ТОРЕКА	KS 6	6601		Transa	ction ID	: SB23.6	594							
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	Senate President	nent For: 2012 Primary D Other (specify)	K General												
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<u> </u>	Full Name (Last, First, Middle Initial)						Date o	of Di	sburse	ement							
							M M / D D / Y Y Y Y										
	Mailing Address PO Box 521048 Suite A				09 21 2012												
	,	State	Zip Code				Transaction ID : SB23.6605										
	Salt Lake City	UT	84152				man	Juor		. 0020.							
	Purpose of Disbursement						Amount of Each Disbursement this Period										
	Candidate Name			Cate	egor	y/						1500	00				
	JAMES D MATHESON				ype				7		_	1500).00				
		ment For:															
	President	Primary Other (sp	General														
	State: UT District: 04	Other (sp	ecity) 🔻														
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	Mailing Address P.O. BOX 425						09			20		012					
	City S ROSWELL	State GA	Zip Code 30077				Tran	sact	ion ID	: SB23.	6596						
	Purpose of Disbursement																
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	THOMAS EDMUNDS PRICE	ment For:				7	7										
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_	Full Name (Last, First, Middle Initial)						.	(D)									
υ.	ROGERS FOR CONGRESS						Date o	_									
	Mailing Address Post Office Box 581						^M 09		D 1	B /		012	Y				
	Post Office Box 581	01-1-	Zia Osala														
	City S Brighton	State MI	Zip Code 48116				Tran	sact	ion ID	: SB23.	6590						
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	MICHAEL J ROGERS				egor ype				7		_	1000).00				
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\square	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products As	ssociation PAC (Cl	HPA/PAC)											
•	Full Name (Last, First, Middle Initial)			Date of Disbursement										
А.	RYAN FOR CONGRESS													
	Mailing Address PO BOX 1488			07 17 2012										
	City	State Zip Code		Transportion ID - SP32 6464										
	JANESVILLE	WI 53547		Transaction ID : SB23.6464										
	Purpose of Disbursement		· · · · ·	Amount of Each Disbursement this Period										
	Candidate Name		Category/											
	PAUL D. RYAN		Туре	1000.00										
	Office Sought: X House Disburse Senate President	ment For: 2012 Primary General Other (specify)												
	State: WI District: 01													
	Full Name (Last, First, Middle Initial)													
В.	STABENOW FOR US SENATE			Date of Disbursement										
	Mailing Address P.O. BOX 4945			09 / D D / Y Y Y Y 2012										
	City	State Zip Code												
	EAST LANSING	MI 48826		Transaction ID : SB23.6571										
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	Candidate Name			Amount of Each Disbursement this Perio										
	DEBBIE STABENOW		Category/ Type	1000.00										
		ment For: 2012	71	, , ,										
	X Senate	Primary X General												
	President	Other (specify)												
_	State: MI District: 00													
C.	Full Name (Last, First, Middle Initial) STEVE HOBBS FOR CONGRESS	3		Date of Disbursement										
	Mailing Address 3309 114TH DRIVE NE			07 / 0 D / Y Y Y Y 2012										
	City	State Zip Code		Transaction ID : SB23.6575										
	LAKE STEVENS	WA 98258		Transaction ID . 3023.0375										
	Purpose of Disbursement													
	Candidate Name			Amount of Each Disbursement this Period										
	STEVE HOBBS		Category/ Type	500.00										
	Office Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify) ▼												
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_	Full Name (Last, First, Middle Initial)						. .										
А.	UPTON FOR ALL OF US						Date o										
	Mailing Address PO BOX 490				07 26 2012												
	City	State	Zip Code														
	ST JOSEPH	MI	49085				Transaction ID : SB23.6572										
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	Candidate Name					_	Amoun	t of Ea	ach L	Disbursen	nent this	Period					
	FREDERICK STEPHEN UPTON				egory	//	1.				250	0.00					
		ment For:	2012	1	уре												
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	Full Name (Last, First, Middle Initial)																
В.	WHITEHOUSE FOR SENATE						Date o	f Disbu	ursen	nent							
							M M	/	D		Y Y	Y					
	Mailing Address P.O. BOX 40280						08 01 2012										
	5	State	Zip Code				Trans	sactior	ו ID :	SB23.65	579						
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0.	WHITFIELD FOR CONGRESS CO		IEE							_							
	Mailing Address P.O. BOX 391						07	/	18		2012	Y					
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	5	State	Zip Code				Trans	sactior	ו ID :	SB23.65	567						
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