Image# 13960811435 PAGE 1 / 11

### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORW 3X	For Other Than An	Authorized	l Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Fya	mple: If typin	na. type	1000	Emiles see emy	
COMMITTEE (in full)	· · · · · · · · · · · · · · · · · · ·		r the lines.	ig, type	12FE4M5		
Consumer Healthcare	Products Associa	tion PAC	(CHPA/F	PAC)			
ADDRESS (number and street)	900 19th Street, NW						
Check if different	Suite 700						
than previously reported. (ACC)	Washington				DC	20006	
2. FEC IDENTIFICATION N	IUMBER ▼	CITY 🛦		S	STATE 🛦	ZIP CC	DDE 🛦
C C00040584		3. IS THIS REPORT		IEW N) <b>OR</b>	× AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	J	lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report ( July 15	(c) 12-Day		Primary (12P	) ×	General (	(12G)	Runoff (12R)
Quarterly Report ( October 15	(Q2) Report for the		Convention (	12C)	Special (	12S)	
Quarterly Report ( January 31			M = M /	D D /	Y	in the	
Year-End Report (	(YE) E	lection on	11	06	2012	State	of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d) 30-Day POST-Electic Report for the		General (30G	à)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	rt	lection on	M = M /	D   D /	Y Y Y	in the State	of
5. Covering Period		012	through	10	/ D D /	2012	
I certify that I have examined to	this Report and to the be	st of my kno	wledge and b	pelief it is true	e, correct and	d complete.	
Type or Print Name of Treasur	•	-				•	
Signature of Treasurer Rom	nan G. Blazauskas		[Electronically	Filed] Da	ate 02	/ 07 /	2013
NOTE: Submission of false, erro	neous, or incomplete inforr	nation may su	bject the pers	son signing thi	is Report to th	ne penalties of 2	U.S.C. §437a.
Office	, , , , , , , , , , , , , , , , , , , ,	1, 10	, .,	5 5	,	•	
Use Only						FEC FOF Rev. 12/2	

## 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: 10 01 2012 To: 10 17 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2012		16881.33
	(b) Cash on Hand at Beginning of Reporting Period	2482.98	
	(c) Total Receipts (from Line 19)	576.09	26563.90
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3059.07	43445.23
7.	Total Disbursements (from Line 31)	1056.46	41442.62
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2002.61	2002.61
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

#### **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: 10	01 2012 To:	10 17 2012 COLUMN B					
I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:	,						
(a) Individuals/Persons Other							
Than Political Committees	536.09	15212.49					
(i) Itemized (use Schedule A)	330.03	10212110					
(ii) Unitemized(iii) TOTAL (add	40.00	2851.41					
Lines 11(a)(i) and (ii)	576.09	18063.90					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees	0.00	8500.00					
(such as PACs)	7	0000.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry	576.09	26563.90					
Totals to Line 33, page 5)	510.00	7 7					
Transfers From Affiliated/Other Party Committees	0.00	0.00					
,	7						
All Loans Received	0.00	0.00					
. Loan Repayments Received	0.00	0.00					
. Offsets To Operating Expenditures	7	7					
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
. Refunds of Contributions Made	7	7					
to Federal Candidates and Other							
Political Committees	0.00	0.00					
. Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
. Transfers from Non-Federal and Levin Funds	7						
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(b) Lovin Fando (nom Concado Fio)	7						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	576.09	26563.90					
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	576.09	26563.90					

#### **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
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		outonaur rour to buto
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	56.46	424.49
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	56.46	424.49
	Transfers to Affiliated/Other Party		
	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	1000.00	41018.13
	Independent Expenditures	0.00	0.00
	(use Schedule E)		3.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·		0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1056.46	41442.62
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1056.46	41442.62

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	576.09	26563.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	576.09	26563.90
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	56.46	424.49
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	56.46	424.49

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

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

F	OR	LINE	NU	MBER	PAGE	6	OF	11	
(0	che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16	;	17

NAME OF COMMITTEE (In Full)	the name and address of any political committee cts Association PAC (CHPA/PAC)	to solicit contributions from Such confinitee.
Full Name (Last, First, Middle Initial)  Deborah Ford  Mailing Address 5730 Park Drive		Date of Receipt
City	State Zip Code	10 15 2012 Transaction ID : SA11Al.6627
Bowie	MD 20715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Products	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	395.96	
Full Name (Last, First, Middle Initial)  Elizabeth Funderburk		Date of Receipt
Mailing Address 626 F St, NE		M = M / D = D / Y = Y = Y
City	State Zip Code	10 15 2012 Transaction ID : \$44141 6624
Washington	DC 20002	Transaction ID : SA11Al.6624  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	$\dashv$
СНРА	Director, Communications & Media	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.12	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3180 N. Quincy St.		10 15 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.6622
Arlington	VA 22207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	_
Consumer Healthcare Products	Vice President, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1458.38	
SUBTOTAL of Receipts This Page (optiona	I)	145.85
	· •	
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	· •	14

# 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)

FOR LINE NUMBER:						PAGE	•	1	OF	11
(ch	ne	ck only	or	ne)						
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Consumer Healthcare Product	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)  Travis Gibbons  Mailing Address 728 18th Street S.		Date of Receipt
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 22202  C  Occupation Assoc. Director, Federal Affairs  Aggregate Year-to-Date ▼  395.96	Transaction ID : SA11AI.6621  Amount of Each Receipt this Period  20.84
Full Name (Last, First, Middle Initial)  Carlos Gutierrez  Mailing Address 926 North Barton Street  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 22201  C  Occupation Director, State Affairs  Aggregate Year-to-Date ▼  288.99	Date of Receipt  10 15 2012  Transaction ID: SA11AI.6628  Amount of Each Receipt this Period  15.21
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)	State Zip Code VA 20170  C  Occupation Vice President, Regulatory Affairs  Aggregate Year-to-Date ▼  395.96	Date of Receipt  10 15 2012  Transaction ID: SA11AI.6623  Amount of Each Receipt this Period  20.84
SUBTOTAL of Receipts This Page (optional)		56.89
TOTAL This Period (last page this line number	er only)	7 7 7

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

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

FOR	PAGE		8	OF		11			
(check only one)									
X	11a	11b		11c		12			
	13	14		15		16			17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)  A. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		10 15 2012
City	State Zip Code	Transaction ID : SA11AI.6619
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	3958.28	
Full Name (Last, First, Middle Initial)  Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		M M / D D / Y Y Y Y
City	State Zip Code	10 15 2012 Transaction ID : \$A11A1 6633
Falls Church	VA 22042	Transaction ID : SA11AI.6632  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Hoodpt this Foriou
federal political committee.	C	62.51
Name of Employer	Occupation	
Consumer Healthcare Products	Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	375.06	
Full Name (Last, First, Middle Initial)  C. Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		10 15 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.6620
McLean	VA 22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
СНРА	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	791.73	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	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

١	FOR	PAGE	Ξ	9	OF	11				
	(che	ck only	or	ne)						
	×	11a		11b	11c		12			
		13		14		15		16	;	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 Produc	cts Association PAC (CHPA/PAC)		
Full Name (Last, First, Middle Initial)  Dan Quinonez  Mailing Address 6011-A Curtier Drive	Date of Receipt		
City State Zip Code		10 15 2012 Transaction ID : SA11AI.6625	
Alexandria	VA 22310	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.84	
Name of Employer  Consumer Healthcare Products	Occupation State Government Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	395.96		
Full Name (Last, First, Middle Initial)  3.	Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address	M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)		20.84	
TOTAL This Period (last page this line numb	per only)	536.09	

#### S 17

SCHEDULE B (FEC Form 3X)		F65 /	DACE 40 4	)E 11
·	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 11 (check only one)    X   21b   22   23   24   25   26		
ITEMIZED DISBURSEMENTS	for each category of the			
	Detailed Summary Page	27	28a 28b 28c 29	30b
Any information copied from such Reports and Stater	nente may not be cold or was			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Consumer Healthcare Products As	sociation PAC (CHI	PA/PAC)		
		,		
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Wells Fargo Bank			M M / D D / Y Y Y	V
Mailing Address 1800 K Street NW			10 11 2012	1
,	State Zip Code		Transaction ID : SB21B.6633	
Washington Purpose of Disbursement	DC 20006			
Fulpose of Disbursement		001	Amount of Each Disbursement this	Period
Candidate Name			Authority of Eddin Biobardomonic time	. 0.100
		Category/ Type	56	6.46
Office Sought: House Disburse	ment For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement	
ь.				
Mailing Address			M M / D D / Y Y Y	Y
3 11 111				
City	State Zip Code			
Purpose of Disbursement				
Fulpose of Disbursement			Amount of Each Disbursement this	Period
Candidate Name		Cotogogy		
		Category/ Type		
Office Sought: House Disburser	ment For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement	
<b>.</b>			M M / D D / Y Y Y	V
Mailing Address				
City	State Zip Code			
C.ty	Siato Zip Oode			
Purpose of Disbursement				
Condidate Name			Amount of Each Disbursement this	Period
Candidate Name		Category/		
Office Sought: House Disburser	ment For:	Туре		
Senate Sought.	Primary General			
President	Other (specify) ▼			
State: District:	• •			
'		'		-
SUBTOTAL of Disbursements This Page (optional)			56	5.46
			F.6	6.46
TOTAL This Period (last page this line number only)			50	,. <del>4</del> 0

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 11
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any politica	d by any person I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Consumer Healthcare Products Ass	sociation PAC (CHF	PA/PAC)	
Full Name (Last, First, Middle Initial)			
A. STEVE CHABOT FOR CONGRESS			Date of Disbursement
Mailing Address 3030 HARRISON AVE.			10 02 2012
•	state Zip Code		Transaction ID : SB23.6613
	OH 45211		Transaction 15 1 652010010
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
STEVE CHABOT  Office Sought:  House Disbursem	pont For: 2042	Туре	
Senate	nent For: 2012  Primary		
State: OH District: 01			
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	itate Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	Category/ Type		
President	nent For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M - M / D - D / Y - Y - Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	.,,,,,	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number only).			1000.00