Image# 13960811446		PAGE 1 / 13
FEC AN	PORT OF RECEIPTS	S e
1. NAME OF TYP	E OR PRINT V Example: If typir	Office Use Only
COMMITTEE (in full)	over the lines.	
Consumer Healthcare Pro	ducts Association PAC (CHPA/F	PAC)
ADDRESS (number and street)	0 19th Street, NW	
Check if different	uite 700 │	
then providually	/ashington	
2. FEC IDENTIFICATION NUMB	ER V CITY	STATE A ZIP CODE A
C C00040584		IEW AMENDED N) OR X (A)
4. TYPE OF REPORT ((Choose One)	Report Due On:	May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Iul 20 (M7) Oct 20 (M10) (Non-Election Year Only) Iul 20 (M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P) General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the: Convention (*	12C) Special (12S)
October 15 Quarterly Report (Q3)	M M /	D D / Y Y Y in the
January 31 Year-End Report (YE)	Election on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election X General (30G Report for the:	a) Runoff (30R) Special (30S)
Termination Report (TER)	Election on	06 2012 State of
5. Covering Period	18 / Y Y Y Y Y 18 2012 through	M M / D D / Y
I certify that I have examined this Re	eport and to the best of my knowledge and b	belief it is true, correct and complete.
Type or Print Name of Treasurer R	oman G. Blazauskas	
Signature of Treasurer	Blazauskas [Electronically	Filed] Date M = M / D = D / Y = Y = Y Y 02 07 07 / 2013
NOTE: Submission of false, erroneous,	or incomplete information may subject the pers	son signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

02/07/2013 15 : 37

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:	M / D D / Y Y Y Y D 18 2012 To	b: 11 / 26 / Y Y Y Y Y 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	2002.61	
	(c) Total Receipts (from Line 19)	1298.82	27862.72
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	3301.43	44744.05
7.	Total Disbursements (from Line 31)	1056.20	42498.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2245.23	2245.23
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

Γ		DETAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
	te or Type Committee Name		
Co	onsumer Healthcare Products A	ssociation PAC (CHPA/PAC)	
Rep	port Covering the Period: From:	10 18 2012 To:	11 / D D / Y Y Y Y 11 26 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. (Contributions (other than loans) From:		
((a) Individuals/Persons Other		
	Than Political Committees	1248.82	16461.31
	(i) Itemized (use Schedule A)	7 7 7	
	(ii) Unitemized	50.00	2901.41
	(iii) TOTAL (add	7. 7	
	Lines 11(a)(i) and (ii)	1298.82	19362.72
((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	4000.00	27862.72
	Totals to Line 33, page 5)	1298.82	21002.12
	Transfers From Affiliated/Other		0.00
ł	Party Committees	0.00	0.00
10	All Loans Received	0.00	0.00
13. 7			
		0.00	0.00
	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made		
-	o 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 Func	s	
((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
	Total Receipts (add Lines 11(d),		
-	12, 13, 14, 15, 16, 17, and 18(c))▶	1298.82	27862.72
20 -	Total Enderal Proprieto		
	Total Federal Receipts (subtract Line 18(c) from Line 19)►	1298.82	27862.72
(1230.02	7 7 7

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DETAILED SUMMARY PAGE

II Dist	COLUMN A	COLUMN B
II. Disbursements	Total This Period	COLOMN B Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	56.20	480.65
(c) Total Operating Expenditures	56.20	480.6
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	1000.00	42018.13
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
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(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	1056.20	42498.8
		7 7 7
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1056.20	42498.82

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1298.82	27862.72
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	1298.82	27862.72
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	56.20	480.69
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	56.20	480.69

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

(check only one)

PAGE 6 OF

	Detailed Summa	hary Page X 11a 11b 11c 12 13 14 15 16 17
		used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ	cts Association PAC (CH	HPA/PAC)
Full Name (Last, First, Middle Initial) A. Elizabeth Funderburk		Date of Receipt
Mailing Address 626 F St, NE		10 / Y Y Y Y Y 10 31 2012
City Washington	StateZip CodeDC20002	Transaction ID : SA11AI.6646 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CHPA	Occupation Director, Communications & Me	
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼	395.96
Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk		Date of Receipt
Mailing Address 626 F St, NE		11 15 2012
City Washington	State Zip Code DC 20002	Transaction ID : SA11AI.6647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer CHPA	Occupation Director, Communications & Me	 ledia
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	416.80
Full Name (Last, First, Middle Initial) C. John Gay		Date of Receipt
Mailing Address 3180 N. Quincy St.		M M / D D / Y Y Y Y 10 31 2012
City Arlington	State Zip Code VA 22207	Transaction ID : SA11AI.6642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
Consumer Healthcare Products Receipt For:	Vice President, Government Aff	Affairs
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1562.55
SUBTOTAL of Receipts This Page (optional		

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		12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting		ntribut	ions	_
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC))								
Α.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.				Date of	Re /	eceipt	/ Y	Y	Y	Y	
	City Arlington	State VA	Zip Code 22207				-	SA11AI. eceipt th	6643	-		
	FEC ID number of contributing federal political committee.	С					7		_	104.	17	
	Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼		ent, Government Affairs Year-to-Date ▼ 1666.72]								
В.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 728 18th Street S.				Date of	Re /	eceipt	/ Y	Y	Y	Y	
	City Arlington	State VA	Zip Code 22202					SA11AI. eceipt th	6640			
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	84	
	Name of Employer Consumer Healthcare Products	Occupation Assoc. Dire	ctor, Federal Affairs									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.80	1								
C.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date of	Re						
	Mailing Address 728 18th Street S.	State	Zip Code		11 -	/	15		20)12	Y	
	Arlington	VA	210 Code 22202					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					7	7	_	20	84	
	Name of Employer	Occupation										
	Consumer Healthcare Products Receipt For:		ctor, Federal Affairs									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.64	1								
s	UBTOTAL of Receipts This Page (optional)			•			т т	1		145.	35	-
т	OTAL This Period (last page this line number o	nly)		•			7					

FOR LINE NUMBER:

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PAGE 8 OF

13

Arlington FEC ID federal p	number of contributing political committee. Employer er Healthcare Products	the name and a cts Associat State VA C Occupation Director, Sta	ddress of any political committee		Date of 10 Trans	f Rec	ceipt 31 on ID :	rom such	2012 26 50	Y
Arlington FEC ID federal p Name of	DF COMMITTEE (In Full) umer Healthcare Product is Gutierrez Address 926 North Barton Street n number of contributing political committee. Employer er Healthcare Products For:	State VA C Director, Sta	ion PAC (CHPA/PAC)		Date of 10 Trans	f Red	ceipt 31 on ID :	/ Y SA11AI.(y y 2012 5650	Y
Const Full Nan Carlos Mailing / City Arlington FEC ID federal p	Address 926 North Barton Street	State VA C Occupation Director, Sta	Zip Code		M M 10 Trans	/ actio	31 on ID :	SA11AI.(2012 6650	_
A. Carlos Mailing / City Arlington FEC ID federal p Name of	Address 926 North Barton Street Address 926 North Barton Street n number of contributing Nolitical committee. Employer er Healthcare Products For:	VA C Occupation Director, Sta			M M 10 Trans	/ actio	31 on ID :	SA11AI.(2012 6650	_
A. Carlos Mailing / City Arlington FEC ID federal p Name of	Address 926 North Barton Street Address 926 North Barton Street n number of contributing Nolitical committee. Employer er Healthcare Products For:	VA C Occupation Director, Sta			M M 10 Trans	/ actio	31 on ID :	SA11AI.(2012 6650	_
City Arlington FEC ID federal p Name of	number of contributing olitical committee. Employer er Healthcare Products For:	VA C Occupation Director, Sta			10 Trans	actio	31 on ID :	SA11AI.(2012 6650	_
Arlington FEC ID federal p	number of contributing political committee. Employer er Healthcare Products For:	VA C Occupation Director, Sta					-		6650	
FEC ID federal p Name of	number of contributing political committee. Employer er Healthcare Products For:	Occupation Director, Sta	22201		Amount	t of I	Each R	eceipt thi	is Perio	b
federal p	er Healthcare Products	Occupation Director, Sta					1			
	er Healthcare Products For:	Director, Sta				-	7		1	5.21
0	For:									
Consum			ate Affairs							
Receipt	mary General	Aggregate	Year-to-Date 🔻							
	her (specify)		304.20							
	ne (Last, First, Middle Initial) S Gutierrez				Date of	f Red	ceipt			
Mailing /	Address 926 North Barton Street				M M	/	D D D 15	/ Y	y y 2012	Y
City		State	Zip Code		Trans	actio	on ID : S	SA11AI.6	651	
Arlingtor	1	VA	22201	/	Amount	t of I	Each R	eceipt th	is Perio	d
	number of contributing olitical committee.	C					,	7	1	5.21
	Employer	Occupation								
Consum	er Healthcare Products	Director, Sta	te Affairs							
Receipt		Aggregate	Year-to-Date ▼							
	mary General her (specify) ▼		319.41							
Full Nan	ne (Last, First, Middle Initial) Kassouf				Date of	f Red	ceipt			
Mailing A	Address 501 Slaters Lane Apt. 404				м м 11	/	D D 15	/ Y	y y 2012	Y
City Alexand	ria	State VA	Zip Code 22314					SA11AI.		
	number of contributing olitical committee.	С					,			0.00
Name of	Employer	Occupation								
CHPA		Director, Me	etings							
Receipt	For:	Aggregate	Year-to-Date ▼							
	mary General her (specify) ↓		210.00							
	L of Receipts This Page (optional)) ber only)		- -			y		4	0.42

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

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PAGE 9 OF

			Detailed Summary Page		11a 13		11b 14	11c 15	┝	12 16	17
Ar or	y information copied from such Reports and \$ for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pound any pound any political committee	erson l e to so	for the licit co	pur ntrib	pose of outions f	soliciting rom such		ntribul mmitt	ions ee.
$\overline{)}$	NAME OF COMMITTEE (In Full)	. .									
	Consumer Healthcare Products	s Associat	tion PAC (CHPA/PAC)								
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	f Re	eceipt				
	Mailing Address 951 Hidden Park Place				м м 10	/	D D 31	/ Y		ү 012	Y
	City	State VA	Zip Code					SA11AI.			
	Herndon	VA	20170	_	Amoun	t of	Each R	eceipt thi	is P	Period	
	FEC ID number of contributing federal political committee.	С				_	7	7	_	20	.84
	Name of Employer	Occupation	1								
	СНРА	Vice Presid	lent, Regulatory Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		416.80								
В.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	f Re	eceipt				
	Mailing Address 951 Hidden Park Place				M M	/	15	/ Y)12	Y
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.6	<u>364</u>	5	
	Herndon	VA	20170	/	Amoun	t of	Each R	eceipt thi	is P	Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	84
	Name of Employer	Occupation	1								
	CHPA	Vice Presid	ent, Regulatory Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		437.64								
<u>с.</u>	Full Name (Last, First, Middle Initial) Scott M. Melville				Date of	f Re	eceipt				
	Mailing Address 1596 Lupine Den Court				^M 10	/	31	/ Y)12	Y
	City Vienna	State VA	Zip Code 22182					SA11AI.			
	FEC ID number of contributing federal political committee.	С					1		_	208	.33
	Name of Employer	Occupation	1	_							
	Consumer Healthcare Products	President a	ind CEO								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		4466.64								
	Other (specify)		4166.61								
s	UBTOTAL of Receipts This Page (optional)						7	7	_	250.	01
т	OTAL This Period (last page this line number	only)	••••••				,	,			

FOR LINE NUMBER:

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PAGE 10 OF

13

			Detailed Summary Page		< 11a 13		11b		11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose	e of s	oliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)									
Α.	Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For:	State VA C Occupation President a Aggregate			Date of	/ acti	ion	15 1D : S	/ Y A11AL ceipt th	20 663		У 33
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		4374.94									
В.	Lindsay Morris Mailing Address 7605 Trail Run Rd. City Falls Church	State VA	Zip Code 22042		Date of 10 Trans	/ acti	ion I	31 ID:S	A11AL.	20 6656		Y
	FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	C Occupation Governmen Aggregate					,				62.	51
с.	Full Name (Last, First, Middle Initial) 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 11 Trans Amount	/ sact		15 1D : S	A11AI.	20 665		51
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FOR LINE NUMBER:

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PAGE 11 OF

			Detailed Summary Page		11a 13] 11b 14	> [11c		12	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe Iddress of any political committee	erson to so	for the	purp purp	pose	e of s	15 oliciting om suc	g coi h co	16 ntribut mmitte	ions ee.
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products											
A .	Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue				Date of	_		ot D	/ Y	Y	Y	Y
	City McLean	State VA	Zip Code 22102		10 Trans Amount				A11AI . ceipt th	.6638		
	FEC ID number of contributing federal political committee.	С					,		7	_	41.	.67
	Name of Employer CHPA Receipt For:	Occupation VP										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40									
в.	Full Name (Last, First, Middle Initial)				Date of	Re	eceip	ot				
	Mailing Address 8417 Weller Avenue	State	Zip Code		11 Tranc	/ 		15	Á11AI.)12	Y
	McLean	VA	22102		Amount							
	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 ▼ 875.07									
C.	Full Name (Last, First, Middle Initial) David Spangler				Date of	Re	eceip	ot				
	Mailing Address 1449 N Street, NW Apartment 3 City	State	Zip Code		10 ^M	1	L	31	/ Y	20)12	Y
	Washington	DC	20005		Amount				SA11AI ceipt th			
	FEC ID number of contributing federal political committee.	С					,		7	_	250	.00
	Name of Employer	Occupation	1	-								
	СНРА	Senior VP.,	, Policy & Int'l Affairs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
s	UBTOTAL of Receipts This Page (optional)		•				5		,		333.	34
Т	OTAL This Period (last page this line number c	only)	•				,		7		1248.	82

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		LINE NUMBER: PAGE 12 (k only one)												
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		CK 0 21 27	b	22 28a		23 28b	2	4	25 29	26 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar																
NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	sociation PAC (CHP															
Full Name (Last, First, Middle Initial)		, , , ,	,													
A. Wells Fargo Bank					Date of Disbursement											
Mailing Address 1800 K Street NW					11			3		2012						
City Washington		Transaction ID : SB21B.6658														
Purpose of Disbursement		001			Amou	nt of	Each	Disbur	seme	nt this	Period					
Candidate Name		Catego Type					,		,	5	6.20					
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼															
State: District: Full Name (Last, First, Middle Initial)																
B.					Date of	_	sburse		Y	YY	Y					
Mailing Address																
City	State Zip Code															
Purpose of Disbursement					Amount of Each Disbursement this Period											
Candidate Name		Catego Type														
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)															
State: District: Full Name (Last, First, Middle Initial)				_												
C.					Date of	_	sburse		V	YY	Y					
Mailing Address									Y -							
City	State Zip Code															
Purpose of Disbursement			-		Amou	at of	Fach	Disbur	somo	nt thie	Period					
Candidate Name		Catego Type					Laci	Disbui	Seme		renou					
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼						,									
					_	-	-	_								
SUBTOTAL of Disbursements This Page (optional)	••• ▶		ļ.	+	1		,	56	5.20							
TOTAL This Period (last page this line number only)			🕨		L.		7		7	56	6.20					

SCHEDULE B (FEC Form 3X)		FOR L	.INE	NUMBER: PAGE 13 OF 13						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		ck only one)							
			21b 27	22 28a	· ·	23 28b	24 28c			
Any information copied from such Reports and State or for commercial purposes, other than using the nat										
Consumer Healthcare Products As	ssociation PAC (CH	PA/PAC	;) 							
Full Name (Last, First, Middle Initial) A. BOB CASEY FOR SENATE INC				Date o	f Dis	burse	ment			
				M M / D D / Y Y Y Y						
Mailing Address 700 13TH STREET NW SUITE 600				11		0	1	2012		
City WASHINGTON	State Zip Code DC 20005			Trans	sactio	on ID	: SB23.6	6659		
Purpose of Disbursement										
				Amoun	t of I	Each	Disburse	ement thi	s Period	
		Category	//					10	00.00	
ROBERT P JR CASEY Office Sought: House Disburse	ment For: 2012	Туре		_		7				
X Senate	Primary X General									
President	Other (specify)									
State: PA District: 00										
Full Name (Last, First, Middle Initial) B.				Date o	f Die	hurco	mont			
D.						Duise		Y Y Y		
Mailing Address					ĺ			Y = Y = Y	r = T	
City	State Zip Code									
Purpose of Disbursement				Amount of Each Disbursement this Period						
Candidate Name			Category/							
		Type	″			7				
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼									
State: District:	······································									
Full Name (Last, First, Middle Initial)				Data a	f Die	burco	mont			
0.				Date of Disbursement						
Mailing Address				M = M	Í				- 1	
City	State Zip Code									
Purpose of Disbursement										
Candidate Name			Category/ Type					s Period		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				_	,1	. 7			
State: District:										
SUBTOTAL of Disbursements This Page (optional).						,		10	00.00	
TOTAL This Period (last page this line number only)					,		10	00.00	