Image# 13940061458				PAGE 1 / 15
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	011	
1. NAME OF TYP	E OR PRINT V E	ample: If typing, type	Office U	se Only
COMMITTEE (in full)		ver the lines.	12FE4M5	_
Consumer Healthcare Pro	oducts Association PA			
ADDRESS (number and street)	00 19th Street, NW			
Check if different	uite 700			
than previously reported. (ACC)	Vashington		DC 2000	6
2. FEC IDENTIFICATION NUMB	ER V CITY		STATE 🔺	ZIP CODE
C C00040584	3. IS THIS REPOR		AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (M		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M-	4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
X January 31 Year-End Report (YE)	Election on			in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on	M M / D /	Y Y Y Y	in the State of
5. Covering Period 11	27 / Y Y Y Y 2012	through 12	/ D D / Y Y 31 20	Y Y 12
I certify that I have examined this R	eport and to the best of my kr	owledge and belief it is tru	ue, correct and comple	ete.
Type or Print Name of Treasurer	Roman G. Blazauskas			
Signature of Treasurer	Blazauskas	[Electronically Filed]	Date 01 23	2013
NOTE: Submission of false, erroneous	, or incomplete information may	subject the person signing t	his Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only			FEC	FORM 3X Rev. 12/2004

01/23/2013 14 : 39

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 Y 1 27 2012 To	b: 12 / D D / Y Y Y Y Y 31 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		17381.33
	(b) Cash on Hand at Beginning of Reporting Period	2745.23	
	(c) Total Receipts (from Line 19)	1588.30	29451.02
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	4333.53	46832.35
7.	Total Disbursements (from Line 31)	57.17	42555.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4276.36	4276.36
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

	DETAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
Consumer Healthcare Products A	ssociation PAC (CHPA/PAC)	
Report Covering the Period: From:	11 27 2012 To:	12 / D D / Y Y Y Y 12 31 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	<u>_</u>	
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	1513.30	17974.61
(i) itemized (use Schedule A)		7 7
(ii) Unitemized	75.00	2976.41
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	1588.30	20951.02
(b) Delitical Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0.00	8500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		00454.00
Totals to Line 33, page 5)▶	1588.30	29451.02
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7 7	7 7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees 17. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Fun		
(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))►	1588.30	29451.02
20. Total Federal Receipts	1588.30	29451.02
(subtract Line 18(c) from Line 19)▶	1300.30	29401.02

Image# 13940061460

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	57.17	537.86
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	57.17	537.86
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	42018.13
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use schedule F)		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	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	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
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	57.17	42555.99
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	57.17	42555.99

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1588.30	29451.02
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	1588.30	29451.02
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	57.17	537.86
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	57.17	537.86

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

(check only one)

PAGE 6 OF

			Detailed Summary Page		11a 13	11b	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the p	purpose	of soliciting	g contrib	utions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)						
Α.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE				Date of	Receipt	D / Y	YY	Y
	City Washington	State DC	Zip Code 20002			action ID	0 : SA11AI Receipt th		
	FEC ID number of contributing federal political committee.	С							0.84
	Name of Employer CHPA Receipt For:		ommunications & Media						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.64						
в.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE				Date of	Receipt	D / Y	YY	Y
	City Washington	State DC	Zip Code 20002			action ID	5 : SA11AI . Receipt th		e de la constante de la consta
	FEC ID number of contributing federal political committee.	С					7	20	0.84
	Name of Employer CHPA Descript Form	Occupation Director, Co	ommunications & Media						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.48						
C.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk				ate of	Receipt			
	Mailing Address 626 F St, NE		7. 0. 1	10	м м 12	3	31	2012	Y
	City Washington	State DC	Zip Code 20002	A			: SA11AI Receipt th		b
	FEC ID number of contributing federal political committee.	С					- 7	2	0.84
	Name of Employer	Occupation							
	CHPA Receipt For:		ommunications & Media Year-to-Date ▼	_					
	Primary General Other (specify) ▼		479.32						
s	UBTOTAL of Receipts This Page (optional)		•			- 7	5	62	2.52
Т	OTAL This Period (last page this line number of	nly)	••••••	. L					

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PAGE 7 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	(11a		11b		11c		12			
			, ,		13		14		15		16	17		
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson t to so	for the licit co	purı ntrib	pose o outions	ofs fro	soliciting om such		ntribut mmitte	ions ee.		
\backslash	NAME OF COMMITTEE (In Full)													
\mathbb{Z}	Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)											
Α.	Full Name (Last, First, Middle Initial) John Gay				Date o	f Re	eceipt							
	Mailing Address 3180 N. Quincy St.				M M	/	3		/ Y) 12	Y		
	City	State	Zip Code		Trans	acti	ion ID	: S	SA11AI.	6670	D			
	Arlington	VA	22207	_	Amoun	t of	Each	Re	eceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					y		,	_	104	17		
	Name of Employer Consumer Healthcare Products	Occupation	ent, Government Affairs											
	Receipt For:		· · · · · · · · · · · · · · · · · · ·	_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	L	1770.89											
— B.	Full Name (Last, First, Middle Initial) John Gay				Date o	f Re	eceipt							
	Mailing Address 3180 N. Quincy St.				M M	/	D	D	/ Y	Y	Y	Y		
					12		1	5		_20	12			
	City	State	Zip Code		Trans	acti	ion ID	: S	A11AL	6671	1			
	Arlington	VA	22207	'	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.					7		,	_	104.	17			
	Name of Employer Consumer Healthcare Products	Occupation Vice Preside	ent, Government Affairs											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) v	L	1875.06											
C.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt							
	Mailing Address 3180 N. Quincy St.				^M 12	/	D 3	D 1	/ Y) 12	Y		
	City	State	Zip Code		Trans	sact	ion ID	: 8	SA11AI.	6672	2			
	Arlington	VA	22207	_ '	Amoun	t of	Each	Re	eceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					3		- 7	_	104	.17		
	Name of Employer	Occupation		\neg										
	Consumer Healthcare Products	Vice Presid	ent, Government Affairs											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)	L	1979.23											
s	UBTOTAL of Receipts This Page (optional)		•••••				,		,	_	312.	51		
т	OTAL This Period (last page this line number	only)	••••••				7		-					

Use separate schedule(s) for each category of the

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PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products A	Associat	ion PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) Travis Gibbons			Date of Receipt
	Mailing Address 728 18th Street S.		7. 0.1	11 30 Y Y Y Y Y 11 30
	City Arlington	State VA	Zip Code 22202	Transaction ID : SA11AI.6667
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		_
		Assoc. Dire	ctor, Federal Affairs	
		Aggregate	Year-to-Date ▼	
	Other (specify)		458.48	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 728 18th Street S.			12 15 _2012 _
	City	State	Zip Code	Transaction ID : SA11AI.6668
	Arlington	VA	22202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.84
	Canaumar Llasthaara Dradusta	Occupation Assoc. Dire	ctor, Federal Affairs	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.32	
<u>с</u> .	Full Name (Last, First, Middle Initial) Travis Gibbons			Date of Receipt
	Mailing Address 728 18th Street S.			M M / D D / Y Y Y Y Y 12 31 2012
	City Arlington	State VA	Zip Code 22202	Transaction ID : SA11AI.6669 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.84
	Name of Employer	Occupation		-
		Assoc. Dire	ctor, Federal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		500.16	
s	UBTOTAL of Receipts This Page (optional)		•••••	62.52
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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	ion 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	11302012 Transaction ID : SA11AI.6682
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.21
	Name of Employer	Occupation	l	
	Consumer Healthcare Products	Director, St		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 334.62	
В.	Full Name (Last, First, Middle Initial) Carlos Gutierrez			Date of Receipt
	Mailing Address 926 North Barton Street			12 15 2012
	City	State	Zip Code	Transaction ID : SA11AI.6683
	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, Sta		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 349.83	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 926 North Barton Street			M M / D D / Y Y Y Y 12 31 2012
	City Arlington	State VA	Zip Code 22201	Transaction ID : SA11AI.6684
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	_
	Consumer Healthcare Products	Director, St	ate Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	
	UBTOTAL of Receipts This Page (optional)		· · ·	45.63

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14		11c	12		17
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NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Associat	ion PAC (CHPA/PAC)								
Full Name (Last, First, Middle Initial) Mary Kassouf Mailing Address 501 Slaters Lane Apt. 404 City Alexandria	State VA	Zip Code 22314		/ sact	ion ID	0 : S/		2012 6679 his Perio	_	
FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For:	C Occupation Director, M Aggregate				<u>y</u>				10.00	
Full Name (Last, First, Middle Initial) B. Mary Kassouf Mailing Address 501 Slaters Lane Apt. 404 City Alexandria	State VA	Zip Code 22314	Date of Receipt Market Mark							
FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify) ▼	C Occupation Director, Me Aggregate							1	0.00	
Full Name (Last, First, Middle Initial) C. Mary Kassouf Mailing Address 501 Slaters Lane Apt. 404 City Alexandria FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary General Other (specify)	State VA C Occupation Director, M Aggregate			/ sact	ion ID	1 : S /		nis Perio	_]
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 11 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
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$\left\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)							
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place				Date o		eceipt	D / Y	Y	Y	Y
	City Herndon	State VA	Zip Code 20170					SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С					7		_	20.8	34
	Name of Employer CHPA Receipt For:		ent, Regulatory Affairs								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.48]							
в.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place				Date o		D I		Y	Ŷ	Y
	City Herndon	State VA	Zip Code 20170					SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С			20.84						
	Name of Employer CHPA	Occupation Vice Presid	ent, Regulatory Affairs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.32]							
C.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski Mailing Address 951 Hidden Park Place				Date o						
	City	State	Zip Code		12		31		201	12	Ŷ
	Herndon	VA	20170					: SA11AI . Receipt th			
	FEC ID number of contributing federal political committee.	С					, .	7		20.8	84
	Name of Employer	Occupation									
	CHPA Receipt For:		lent, Regulatory Affairs								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.16]							
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FOR LINE NUMBER:

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PAGE 12 OF

	Detailed Summary P	5 1 1 1 1 1 1 1 1							
		by any person for the purpose of soliciting contributions							
	sing the name and address of any political c	committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Consumer Healthcare Pro	ducts Association PAC (CHPA	VPAC)							
Full Name (Last, First, Middle Initial) Scott M. Melville		Date of Receipt							
Mailing Address 1596 Lupine Den Cou		M = M / D = D / Y = Y = Y = Y 11 30 _ 2012							
City	State Zip Code	Transaction ID : SA11AI.6661							
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) ▼	458	83.27							
Full Name (Last, First, Middle Initial) B. Scott M. Melville		Date of Receipt							
Mailing Address 1596 Lupine Den Cou		12 15 2012							
City	State Zip Code	Transaction ID : SA11AI.6662							
Vienna	Vienna VA 22182								
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) ▼	479	91.60							
Full Name (Last, First, Middle Initial) C. Scott M. Melville		Date of Receipt							
Mailing Address 1596 Lupine Den Cou		M M / D D / Y Y Y Y 12 31 2012							
City Vienna	State Zip Code VA 22182	Transaction ID : SA11AI.6663 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	208.40							
Name of Employer	Occupation								
Consumer Healthcare Products	President and CEO								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General									
Other (specify)	500	00.00							
SUBTOTAL of Receipts This Page (opti	onal)								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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'			Detailed Summary Page		< 11a 13		11 14		11c 15	-	12 16	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		rpos	se 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) Lindsay Morris Mailing Address 7605 Trail Run Rd.					Date of Receipt											
	City	State	Zip Code	_	11 Tran	sact	tion	30 ID : S	A11AI.0		012 1						
	Falls Church	VA	22042	_					ceipt th				_				
	FEC ID number of contributing federal political committee.	С					7		3	_	62.	51					
	Name of Employer	Occupation															
	Consumer Healthcare Products Receipt For:	Governmer															
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.59														
B.	Full Name (Last, First, Middle Initial) Lindsay Morris						ecei	ipt									
	Mailing Address 7605 Trail Run Rd.						12 15 2012										
	City Falls Church	_	Transaction ID : SA11AI.6692 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.				J				62.	51							
	Name of Employer Consumer Healthcare Products																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.10														
с.	Full Name (Last, First, Middle Initial)				Date c	of Re	ecei	ipt									
	Mailing Address 7605 Trail Run Rd.						12 31 2012										
	City Falls Church	State VA	Zip Code 22042		Transaction ID : SA11AI.6693 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			Amour		Ead	ch Re	ceipt th		62	51					
	Name of Employer	_															
	Consumer Healthcare Products																
	Receipt For:	ipt For: Aggregate Year-to-Date ▼ Primary General															
	Other (specify) ▼																
s	UBTOTAL of Receipts This Page (optional)		•	•			7		7		187.	53					
т	OTAL This Period (last page this line number o	nly)		•			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 Sta 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) Ted Peterson Mailing Address 8417 Weller Avenue			Date of Receipt								
	City	State	Zip Code	11 30 2012 Transaction ID : SA11AI.6664								
	McLean	VA	22102	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.67								
	Name of Employer CHPA	Occupation VP										
	Receipt For: Primary General Other (specify) ▼											
В.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 8417 Weller Avenue			12 15 2012								
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.6665 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.67								
	Name of Employer CHPA	Occupation VP		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 958.41									
С.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 8417 Weller Avenue	M M / D D / Y Y Y Y Y 12 31 2012										
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.6666 Amount of Each Receipt this Period								
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	Name of Employer	Occupation		-								
	CHPA	VP		_								
	Receipt For: Primary General Other (specify) ▼	Primary General Agglegate Teal-to-Date V										
s	UBTOTAL of Receipts This Page (optional)			125.01								
т	OTAL This Period (last page this line number of	nly)		1513.30								

	CHEDULE B (FEC Form 3X)				OR LINE NUMBER: PAGE 15 OF														
ITEMIZED DISBURSEMENTS		Use separate schedule(s for each category of the	í I (k only 21b								25	26					
		Detailed Summary Page	•		270		2 8a	-	23 28b	┝	280	;	29	30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nam																		
\square	NAME OF COMMITTEE (In Full)																		
Ĺ	Consumer Healthcare Products As	sociation PAC (Cl	HPA/	PA	C)														
	Full Name (Last, First, Middle Initial) Wells Fargo Bank					Dat	e o	f Di	sburs	en	nent								
	Mailing Address 1800 K Street NW	State Zip Code DC 20006					Transaction ID : SB21B.6698												
	5																		
	Washington Purpose of Disbursement	DC 20006		_	-														
				001		Am	oun	t of	Each	D	lisburs	emen	t this	Period					
	Candidate Name			tegor Type	ry/				,	2	. ,		57	7.17					
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v																	
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В.	Full Name (Last, First, Middle Initial)					Dat	e o	f Di	sburs	em	nent								
	Martha Adda a				M M / D D / Y Y Y							Y							
	Mailing Address																		
	City	State Zip Code																	
	Purpose of Disbursement																		
	Candidate Name				24	Amount of Each Disbursement this Period													
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C.	Full Name (Last, First, Middle Initial)					Dat	e o	f Di	sburs	em	nent								
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