

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		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) and 6(c) for Column A and Lines 6(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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1513.30	17974.61
(ii) Unitemized	75.00	2976.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1588.30	20951.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1588.30	29451.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1588.30	29451.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1588.30	29451.02

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	57.17	537.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	57.17	537.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42018.13
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	57.17	42555.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57.17	42555.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Elizabeth Funderburk		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.6676
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington State DC Zip Code 20002	FEC ID number of contributing federal political committee. C	
Name of Employer CHPA Occupation Director, Communications & Media	Aggregate Year-to-Date 437.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : SA11AI.6677
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington State DC Zip Code 20002	FEC ID number of contributing federal political committee. C	
Name of Employer CHPA Occupation Director, Communications & Media	Aggregate Year-to-Date 458.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Funderburk		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.6678
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington State DC Zip Code 20002	FEC ID number of contributing federal political committee. C	
Name of Employer CHPA Occupation Director, Communications & Media	Aggregate Year-to-Date 479.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3180 N. Quincy St.

City Arlington State VA Zip Code 22207

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

Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1770.89**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.6670

Amount of Each Receipt this Period
104.17

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

Mailing Address 3180 N. Quincy St.

City Arlington State VA Zip Code 22207

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

Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2012

Transaction ID : SA11AI.6671

Amount of Each Receipt this Period
104.17

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

Mailing Address 3180 N. Quincy St.

City Arlington State VA Zip Code 22207

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

Name of Employer Consumer Healthcare Products Occupation Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1979.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.6672

Amount of Each Receipt this Period
104.17

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.6667
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.48	

Full Name (Last, First, Middle Initial) B. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : SA11AI.6668
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.32	

Full Name (Last, First, Middle Initial) C. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.6669
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.16	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 926 North Barton Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Consumer Healthcare Products Director, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.62

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.6682

Amount of Each Receipt this Period
15.21

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

Mailing Address 926 North Barton Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Consumer Healthcare Products Director, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.83

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2012

Transaction ID : SA11AI.6683

Amount of Each Receipt this Period
15.21

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

Mailing Address 926 North Barton Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Consumer Healthcare Products Director, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.6684

Amount of Each Receipt this Period
15.21

SUBTOTAL of Receipts This Page (optional).....▶	45.63
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mary Kassouf		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.6679
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 10.00
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Kassouf		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : SA11AI.6680
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 10.00
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Kassouf		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.6681
Mailing Address 501 Slaters Lane Apt. 404		Amount of Each Receipt this Period 10.00
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer CHPA	Occupation Director, Meetings	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Dr. Barbara A. Kochanowski		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.6673
Mailing Address 951 Hidden Park Place		Amount of Each Receipt this Period 20.84
City Herndon State VA Zip Code 20170	FEC ID number of contributing federal political committee. C	
Name of Employer CHPA Occupation Vice President, Regulatory Affairs	Aggregate Year-to-Date ▼ 458.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Barbara A. Kochanowski		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : SA11AI.6674
Mailing Address 951 Hidden Park Place		Amount of Each Receipt this Period 20.84
City Herndon State VA Zip Code 20170	FEC ID number of contributing federal political committee. C	
Name of Employer CHPA Occupation Vice President, Regulatory Affairs	Aggregate Year-to-Date ▼ 479.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barbara A. Kochanowski		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.6675
Mailing Address 951 Hidden Park Place		Amount of Each Receipt this Period 20.84
City Herndon State VA Zip Code 20170	FEC ID number of contributing federal political committee. C	
Name of Employer CHPA Occupation Vice President, Regulatory Affairs	Aggregate Year-to-Date ▼ 500.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

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

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

A. Scott M. Melville
 Full Name (Last, First, Middle Initial)
 Mailing Address 1596 Lupine Den Court
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.27

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.6661
 Amount of Each Receipt this Period 208.33

B. Scott M. Melville
 Full Name (Last, First, Middle Initial)
 Mailing Address 1596 Lupine Den Court
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4791.60

Date of Receipt 12 / 15 / 2012
Transaction ID : SA11AI.6662
 Amount of Each Receipt this Period 208.33

C. Scott M. Melville
 Full Name (Last, First, Middle Initial)
 Mailing Address 1596 Lupine Den Court
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.6663
 Amount of Each Receipt this Period 208.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.06
TOTAL This Period (last page this line number only)..... ▶

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

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

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

Full Name (Last, First, Middle Initial) A. Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Falls Church State VA Zip Code 22042		Transaction ID : SA11AI.6691
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Consumer Healthcare Products Occupation Government Affairs		<input type="text" value="62.51"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="562.59"/>	

Full Name (Last, First, Middle Initial) B. Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Falls Church State VA Zip Code 22042		Transaction ID : SA11AI.6692
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Consumer Healthcare Products Occupation Government Affairs		<input type="text" value="62.51"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="625.10"/>	

Full Name (Last, First, Middle Initial) C. Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Falls Church State VA Zip Code 22042		Transaction ID : SA11AI.6693
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Consumer Healthcare Products Occupation Government Affairs		<input type="text" value="62.51"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="687.61"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="187.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

Full Name (Last, First, Middle Initial) A. Ted Peterson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.6664
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

Full Name (Last, First, Middle Initial) B. Ted Peterson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : SA11AI.6665
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.41	

Full Name (Last, First, Middle Initial) C. Ted Peterson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.6666
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	1513.30

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6698

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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