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Image# 12972455615

**FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

·	,
1. NAME OF TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5	
Consumer Healthcare Products Association PAC (CHPA/PAC)	
ADDRESS (number and street)	
Check if different Suite 700	
than previously reported. (ACC) Washington DC 20006	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP	CODE A
C C00040584 3. IS THIS REPORT $\times$ NEW (N) OR (A)	
4. TYPE OF REPORT (Choose One)  (b) Monthly Report Due On:  May 20 (M5)  Aug 20 (M8)  Jun 20 (M6)  Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	Jan 31 (YE)
July 15 Quarterly Report (Q2)  (c) 12-Day Primary (12P) General (12G)  PRE-Election	Runoff (12R)
Report for the: Convention (12C) Special (12S)  X October 15 Quarterly Report (Q3)	
January 31	the of
July 31 Mid-Year Report (Non-election Year Only) (MY)  (d) 30-Day  POST-Election Report for the:	Special (30S)
Termination Report (TER)  Election on  State	he te of
5. Covering Period 07 01 2012 through 09 30 2012	Y
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name of Treasurer Roman G. Blazauskas	
Signature of Treasurer  Roman G. Blazauskas  [Electronically Filed]  Date	2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of	f 2 U.S.C. §437g.
	ORM 3X 12/2004

## 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: 07 01 2012 To: 09 30 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	27328.46	
	(c) Total Receipts (from Line 19)	3544.03	25987.81
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30872.49	43369.14
	Total Disbursements (from Line 31)	27889.51	40386.16
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2982.98	2982.98
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	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: 07	01 2012 To:	09 30 2012 COLUMN B					
I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:	<u>'</u>						
(a) Individuals/Persons Other							
Than Political Committees	2951.29	14676.40					
(i) Itemized (use Schedule A)	2331.23	7					
(ii) Unitemized(iii) TOTAL (add	592.74	2811.41					
Lines 11(a)(i) and (ii)	3544.03	17487.81					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	0.00	8500.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	3544.03	25987.81					
2. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
. All Loans Received	0.00	0.00					
. Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures	7						
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
Refunds of Contributions Made							
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							
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
Г	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					
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3544.03	25987					
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3544.03	25987.81					

### **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
. Operating Expenditures: —  (a) Allocated Federal/Non-Federal		Calchan Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoval Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	111.56	368.03
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	111.56	368.03
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	27777.95	40018.13
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(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
		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	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Cuter Dispursements	3.00	3 3
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	7 7
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27889.51	40386.16
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	27889.51	40386.16

### **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)	3544.03	25987.81
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3544.03	25987.81
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	111.56	368.03
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	111.56	368.03

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

_	LINE	PAGE		6	OF		33			
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Consumer Healthcare Product	ets Association PAC (CHPA/PAC)	to consider dominations from each committee.
Full Name (Last, First, Middle Initial) Deborah Ford  Mailing Address 5730 Park Drive		Date of Receipt
City	State Zip Code	07 15 2012 Transaction ID : SA11Al.6527
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.92	
Full Name (Last, First, Middle Initial)  Deborah Ford	1	Date of Receipt
Mailing Address 5730 Park Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bowie	State Zip Code MD 20715	Transaction ID : SA11Al.6528  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer Consumer Healthcare Products	Occupation Project Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.76	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 5730 Park Drive		08 15 2012 _
City Bowie	State Zip Code MD 20715	Transaction ID : SA11AI.6529  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 312.60	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	62.52

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

	LINE	PAGE		7	OF		33			
(check only one)										
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Consumer Healthcare Product	s Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)  Deborah Ford  Mailing Address 5730 Park Drive		Date of Receipt
City Bowie  FEC ID number of contributing federal political committee.  Name of Employer  Consumer Healthcare Products  Receipt For:  Primary General  Other (specify) ▼	State Zip Code MD 20715  C  Occupation Project Manager  Aggregate Year-to-Date ▼  333.44	Transaction ID : SA11AI.6530  Amount of Each Receipt this Period  20.84
Full Name (Last, First, Middle Initial)  Deborah Ford  Mailing Address 5730 Park Drive  City  Bowie  FEC ID number of contributing federal political committee.  Name of Employer  Consumer Healthcare Products  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 20715  C  Occupation Project Manager  Aggregate Year-to-Date ▼  354.28	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Deborah Ford  Mailing Address 5730 Park Drive  City  Bowie  FEC ID number of contributing federal political committee.  Name of Employer  Consumer Healthcare Products  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 20715  C  Occupation Project Manager  Aggregate Year-to-Date ▼  375.12	Date of Receipt  09 30 2012  Transaction ID : SA11Al.6532  Amount of Each Receipt this Period  20.84
SUBTOTAL of Receipts This Page (optional)		62.52
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the

	R LINE	PAGE	=	8	OF		33			
(check only one)										
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**Detailed Summary Page** 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) Elizabeth Funderburk Date of Receipt Mailing Address 626 F St, NE 2012 15 City Zip Code State Transaction ID: SA11AI.6509 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation **CHPA** Director, Communications & Media Receipt For: Aggregate Year-to-Date ▼ Primary General 250.08 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk Date of Receipt Mailing Address 626 F St, NE 07 31 2012 City State Zip Code Transaction ID: SA11AI.6510 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation **CHPA** Director, Communications & Media Receipt For: Aggregate Year-to-Date ▼ Primary General 270.92 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Funderburk Date of Receipt Mailing Address 626 F St, NE 80 15 2012 City Zip Code State Transaction ID: SA11AI.6511 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation Director, Communications & Media **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 291.76 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional).....

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

FOR	PAGE		9	OF		33				
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NAME OF COMMITTEE (In Full)

$\Big angle$	Consumer Healthcare Products	Association PAC (CHPA/PAC)	
Α.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk	Date of Receipt	
	Mailing Address 626 F St, NE		08 31 2012
	City Washington	State Zip Code DC 20002	Transaction ID : SA11AI.6512 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer CHPA	Occupation Director, Communications & Media	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 312.60	
В.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk		Date of Receipt
	Mailing Address 626 F St, NE	77.0.1	09 15 2012
	City Washington	State Zip Code DC 20002	Transaction ID : SA11AI.6513  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer CHPA	Occupation Director, Communications & Media	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.44	
— С.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk		Date of Receipt
~ •	Mailing Address 626 F St, NE		09 30 Y Y Y Y Y Y
	City Washington	State Zip Code DC 20002	Transaction ID : SA11AI.6514  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer CHPA	Occupation  Director Communications & Media	
	Receipt For:	Director, Communications & Media  Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	354.28	
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	62.52

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

FOR LINE NUMBER: PAGE 10 OF 33 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page 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) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2012 City State Zip Code Transaction ID: SA11AI.6496 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 07 31 2012 City State Zip Code Transaction ID: SA11AI.6497 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 937.53 Other (specify) Full Name (Last, First, Middle Initial) c. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 80 15 2012 City Zip Code State Transaction ID: SA11AI.6498 Arlington VA 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.70 Other (specify) 312.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2012 31 City State Zip Code Transaction ID: SA11AI.6499 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1145.87 Other (specify) Full Name (Last, First, Middle Initial) B. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 09 15 2012 City State Zip Code Transaction ID: SA11AI.6500 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.04 Other (specify) Full Name (Last, First, Middle Initial) c. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 30 09 2012 City Zip Code State Transaction ID: SA11AI.6501 Arlington VA 22207 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1354.21 Other (specify) 312.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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

ı	FOR LINE NUMBER:					PAGE	•	12 O	F	33	
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions 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)  Travis Gibbons  Mailing Address, 728 18th Street S		Date of Receipt
Mailing Address 728 18th Street S.		07 15 2012
City	State Zip Code	Transaction ID : SA11AI.6490
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	270.92	
Full Name (Last, First, Middle Initial)  Travis Gibbons	Date of Receipt	
Mailing Address 728 18th Street S.		07 31 2012
City	State Zip Code	Transaction ID : SA11AI.6491
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	20.84	
Name of Employer	Occupation	1
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	291.76	
Full Name (Last, First, Middle Initial)  C. Travis Gibbons		Date of Receipt
Mailing Address 728 18th Street S.		08 15 2012
City	State Zip Code VA 22202	Transaction ID : SA11AI.6492
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	1
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	312.60	
SUBTOTAL of Receipts This Page (optional)		62.52
TOTAL This Period (last page this line numb	per only)	

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		13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ Consumer Healthcare Product	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)  1. Travis Gibbons		Date of Receipt
Mailing Address 728 18th Street S.		08 31 2012
City	State Zip Code	Transaction ID : SA11AI.6493
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.44	
Full Name (Last, First, Middle Initial)  3. Travis Gibbons	Date of Receipt	
Mailing Address 728 18th Street S.		M = M / D = D / Y = Y = Y
City	State Zip Code	09 15 2012
Arlington	VA 22202	Transaction ID : SA11AI.6494  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	354.28	
Full Name (Last, First, Middle Initial)  C. Travis Gibbons		Date of Receipt
Mailing Address 728 18th Street S.		09 30 2012 _
City	State Zip Code	Transaction ID : SA11AI.6495
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	
Consumer Healthcare Products	Assoc. Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	375.12	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	62.52
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 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) Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 2012 31 City Zip Code State Transaction ID: SA11AI.6534 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing C 15.21 federal political committee. Name of Employer Occupation Director, State Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 212.94 Other (specify) Full Name (Last, First, Middle Initial) **B.** Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 08 15 2012 City State Zip Code Transaction ID: SA11AI.6535 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 15.21 federal political committee. Name of Employer Occupation Consumer Healthcare Products Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 228.15 Other (specify) Full Name (Last, First, Middle Initial) c. Carlos Gutierrez Date of Receipt Mailing Address 926 North Barton Street 80 31 2012 City Zip Code State Transaction ID: SA11AI.6536 Arlington VA 22201 Amount of Each Receipt this Period FEC ID number of contributing 15.21 С federal political committee. Name of Employer Occupation Director, State Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 243.36 Other (specify) 45.63 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOI	R LINE	NU	IMBER	:	PAGE	•	15 OF	=	33
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
,g.		13		14		15		16		17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Association PAC (CHPA/PAC)	
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 ▼ 258.57	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 ▼	Date of Receipt  M M M
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 ▼  270.92	Date of Receipt  O7 15 2012  Transaction ID : SA11AI.6502  Amount of Each Receipt this Period  20.84
SUBTOTAL of Receipts This Page (optional)	•	51.26
TOTAL This Period (last page this line number	only)	

## SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

16 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13	or or	11b 14	11c	12 16	17
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A 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) Dr. Barbara A. Kochanowski Date of Receipt Mailing Address 951 Hidden Park Place 2012 31 City Zip Code State Transaction ID: SA11AI.6503 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Name of Employer Occupation **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 291.76 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Barbara A. Kochanowski Date of Receipt Mailing Address 951 Hidden Park Place 80 15 2012 City State Zip Code Transaction ID: SA11AI.6505 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 312.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Barbara A. Kochanowski Date of Receipt Mailing Address 951 Hidden Park Place 80 31 2012 Zip Code City State Transaction ID: SA11AI.6506 Herndon VA 20170 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Name of Employer Occupation **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 333.44 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF 33

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck onli 11a 13	y one	11b [	11c		12 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)	ion DAC (CHDA/DAC)								

Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski		Date of Receipt		
Mailing Address 951 Hidden Park Place		09 15 2012		
City				
Herndon	Herndon VA 20170			
FEC ID number of contributing federal political committee.	y I			
Name of Employer	Occupation			
CHPA	Vice President, Regulatory Affairs			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski	Date of Receipt			
Mailing Address 951 Hidden Park Place		09 30 _2012 _		
City	State Zip Code	Transaction ID : SA11AI.6508		
Herndon	VA 20170	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.84		
Name of Employer	Occupation	_		
CHPA	Vice President, Regulatory Affairs			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.12			
Full Name (Last, First, Middle Initial)  Scott M. Melville		Date of Receipt		
Mailing Address 1596 Lupine Den Cour	t	07 15 _ 2012 _		
City Vienna	State Zip Code VA 22182	Transaction ID : SA11AI.6477  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: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	2708.30			
	nal)	250.01		

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 2012 31 City Zip Code State Transaction ID: SA11AI.6478 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 2916.63 Other (specify) Full Name (Last, First, Middle Initial) B. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 80 15 2012 City State Zip Code Transaction ID: SA11AI.6479 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 3124.96 Other (specify) Full Name (Last, First, Middle Initial) c. Scott M. Melville Date of Receipt Mailing Address 1596 Lupine Den Court 80 31 2012 City Zip Code State Transaction ID: SA11AI.6480 Vienna VA 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation President and CEO Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 3333.29 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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FOR LINE	NUMBER	:   PAGE	: 19 OF	33
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13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ets Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial)  Scott M. Melville  Mailing Address 1596 Lupine Den Court		Date of Receipt
		09 15 2012
City	State Zip Code	Transaction ID : SA11AI.6481
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3541.62	
Full Name (Last, First, Middle Initial)  3. Scott M. Melville  Mailing Address 1596 Lupine Den Court	Date of Receipt	
		09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6482
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer Consumer Healthcare Products	Occupation President and CEO	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3749.95	
Full Name (Last, First, Middle Initial)  C. Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		09 15 2012
City Falls Church	State Zip Code VA 22042	Transaction ID : SA11AI.6561  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	1
Consumer Healthcare Products	Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.04	
SUBTOTAL of Receipts This Page (optional)		479.17
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Lindsay Morris Date of Receipt Mailing Address 7605 Trail Run Rd. 30 2012 City State Zip Code Transaction ID: SA11AI.6562 VA Falls Church 22042 Amount of Each Receipt this Period FEC ID number of contributing C 62.51 federal political committee. Name of Employer Occupation Consumer Healthcare Products Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 312.55 Other (specify) Full Name (Last, First, Middle Initial) B. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 07 15 2012 City State Zip Code Transaction ID: SA11AI.6483 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 541.71 Other (specify) Full Name (Last, First, Middle Initial) c. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 07 31 2012 City Zip Code State Transaction ID: SA11AI.6484 McLean VA 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation VΡ **CHPA** Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 2012 City State Zip Code Transaction ID: SA11AI.6485 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 625.05 Other (specify) Full Name (Last, First, Middle Initial) B. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 08 31 2012 City State Zip Code Transaction ID: SA11AI.6486 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **CHPA** VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Ted Peterson Date of Receipt Mailing Address 8417 Weller Avenue 09 15 2012 City Zip Code State Transaction ID: SA11AI.6487 McLean VA 22102 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation VΡ CHPA Receipt For: Aggregate Year-to-Date ▼ Primary General 708.39 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LINE	PAGE	JF	33			
(check only	one)					
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13	14		15	16		17

		atements may not be sold or used by any personame and address of any political committee to	
NAME	OF COMMITTEE (In Full)		
Cons	sumer Healthcare Products	Association PAC (CHPA/PAC)	
	ame (Last, First, Middle Initial) Peterson		Date of Receipt
Mailing	Address 8417 Weller Avenue		09 30 _ 2012 _
City		State Zip Code	Transaction ID : SA11AI.6488
McLea	n	VA 22102	Amount of Each Receipt this Period
	number of contributing political committee.	C	41.67
Name	of Employer	Occupation	
CHPA		VP	
Receip		Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	750.06	
3. Dan	ame (Last, First, Middle Initial)  Quinonez		Date of Receipt
Mailing	Address 6011-A Curtier Drive		07 15 2012
City		State Zip Code	Transaction ID : SA11AI.6515
Alexan	dria	VA 22310	Amount of Each Receipt this Period
	number of contributing political committee.	C	20.84
	of Employer	Occupation	
Consur	mer Healthcare Products	State Government Affairs	
	Primary General	Aggregate Year-to-Date ▼  270.92	
	Other (specify) ▼	210,92	
	ame (Last, First, Middle Initial) Quinonez		Date of Receipt
Mailing	Address 6011-A Curtier Drive		07 31 _2012 _
City		State Zip Code	Transaction ID : SA11AI.6516
Alexar	ndria	VA 22310	Amount of Each Receipt this Period
	number of contributing political committee.	C	20.84
Name	of Employer	Occupation	
Consu	mer Healthcare Products	State Government Affairs	
Receip	t For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	291.76	
SUBTOT	AL of Receipts This Page (optional)	<b>&gt;</b>	83.35
TOTAL T	This Period (last page this line number o	nly)	

FOR LINE NUMBER: PAGE 23 OF 33 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) Dan Quinonez Date of Receipt Mailing Address 6011-A Curtier Drive 2012 City Zip Code State Transaction ID: SA11AI.6517 VA Alexandria 22310 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Name of Employer Occupation State Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 312.60 Other (specify) Full Name (Last, First, Middle Initial) B. Dan Quinonez Date of Receipt Mailing Address 6011-A Curtier Drive 08 31 2012 City State Zip Code Transaction ID: SA11AI.6518 VA Alexandria 22310 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products State Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 333.44 Other (specify) Full Name (Last, First, Middle Initial) c. Dan Quinonez Date of Receipt Mailing Address 6011-A Curtier Drive 09 15 2012 City Zip Code State Transaction ID: SA11AI.6519 Alexandria VA 22310 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation State Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 354.28 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

		LINE			:	PAGE	2	24	OF	33
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or f	or 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)	
۹	Full Name (Last, First, Middle Initial) Dan Quinonez  Mailing Address 6011-A Curtier Drive		Date of Receipt
F F	City Alexandria FEC ID number of contributing rederal political committee.  Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify)	State Zip Code VA 22310  C  Occupation State Government Affairs  Aggregate Year-to-Date ▼  375.12	7 Transaction ID : SA11AI.6520  Amount of Each Receipt this Period  20.84
B. <sub>-</sub>	Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt
f	FEC ID number of contributing federal political committee.	Occupation	Amount of Each Receipt this Period
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
C. <sub>[</sub>	Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
f	FEC ID number of contributing rederal political committee.	Occupation	Amount of Each Necelpt this Period
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SU	JBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	20.84
TC	OTAL This Period (last page this line number o	nly)	2951.29

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 25 OF 33							
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) (check only	-							
	for each category of the Detailed Summary Page	X 21b	22 23	24 25 26						
		27	28a 28b	28c 29 30b						
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NAME OF COMMITTEE (In Full)	and address of any point	icai committee ti	3011011 CONTRIBUTION	3 Hom Such committee.						
Consumer Healthcare Products A	ssociation PAC (Ch	HPA/PAC)								
Full Name (Last, First, Middle Initial)										
A. Wells Fargo Bank			Date of Disburs							
Mailing Address 1800 K Street NW				2012						
City	State Zip Code		Transaction IF	) : SB21B.6614						
Washington	DC 20006		Transaction is	7. 30210.0014						
Purpose of Disbursement		001	Amount of Each	Disbursement this Period						
Candidate Name		Category/		27.07						
Office County   House		Type		21.01						
Office Sought: House Disburs Senate	ement For:    Primary									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)										
B. Wells Fargo Bank			Date of Disburs							
Mailing Address 1800 K Street NW			1	13 2012						
City	State Zip Code		Transaction II	D : SB21B.6615						
Washington Purpose of Disbursement	DC 20006									
Talpose of Bisbursement		001	Amount of Each	Disbursement this Period						
Candidate Name		Category/		20.02						
		Type		29.92						
Office Sought: House Disburse Senate	ement For:    Primary   General									
President	Other (specify)									
State: District:	, , , , ,									
Full Name (Last, First, Middle Initial)										
C. Wells Fargo Bank			Date of Disburs							
Mailing Address 1800 K Street NW			09 2	21 2012						
City	State Zip Code									
Washington	DC 20006		Transaction ID	D : SB21B.6616						
Purpose of Disbursement										
Candidate Name		001	Amount of Each	Disbursement this Period						
Candidate Name		Category/ Type		54.57						
Office Sought: House Disburse	ement For:	31	,	7						
Senate	Primary General									
President	Other (specify) ▼									
State: District:										
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	NAME OF COMMITTEE (In Full)													
$  \rangle$	Consumer Healthcare Products As	sociatio	n PAC (CH	IPA/I	PAC	?)								
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_	Full Name (Last, First, Middle Initial)													
Α.	<b>BOB GOODLATTE FOR CONGRE</b>	SS CO	MMITTEE				Date o	f Disl	burser	nent				
							M = M	/	D			Y	Υ	
	Mailing Address P.O. BOX 292						09		20	'	_ 20	012		
	City	State	Zip Code											
	ROANOKE	VA	24002				Trans	sactio	on ID :	: SB23.	6599			
	Purpose of Disbursement		24002											
				П.			Amoun	t of E	Each I	Disburs	emen	t this	Period	
	Candidate Name			Cct	0000			_	_			-		7
	ROBERT W GOODLATTE				egory ype	y'			7			1000	0.00	
		nent For:	2012	•	71° *	$\overline{}$				,				
		Primary	General											
	President	Other (spe	<b>/</b> \											
	State: VA District: 06		·											
	Full Name (Last, First, Middle Initial)													
В.	BRALEY FOR CONGRESS						Date o	f Disl	burser	ment				
							M M	/	D	D /	Y	Y	Υ	
	Mailing Address PO BOX 390						09		13			012		
	City	State	Zip Code				Trans	sactio	on ID	: SB23	.6587			
	WATERLOO	IA	50704							. 0220				
	Purpose of Disbursement						Δ			D:-h			Daviaa	
	Candidate Name						Amoun	I OI E	zacn i	Disburs	emen	t this	Period	_
	BRUCE L BRALEY				egory	//	1 .					200	0.00	ı
		nent For:	2042	I	уре					7				d
	Office Sought: House Disbursen Senate	Primary	2012 General											
	President	Other (spe												
	State: IA District: 01	Other (ope	,ony) <b>\</b>											
	Full Name (Last, First, Middle Initial)													_
C	CARPER FOR SENATE						Date o	f Dist	burser	ment				
٠.	CARPER FOR SENATE							_		_	V V	Υ	V	
	Mailing Address PO BOX 2882						07	'	06			012	Y	
	City	State	Zip Code			$\neg \uparrow$	T	2024!		. CDOO	CECC			_
	WILMINGTON	DE	19805				ırans	sactio	טו חכ	: SB23.	0000			
	Purpose of Disbursement				-									
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	THOMAS R CARPER				ype				7			1000	).00	╛
		nent For:												
	X Senate	Primary	General											
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_	State: DE District: 00													
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SCHEDULE B (FEC Form	3X)	FOR LINE					NUMBER: PAGE 27 OF 33						
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		Detailed	Summary Fage	27			28a		28b	280	29	3	
Any information copied from such Reports	s and Stater	nents mav	not be sold or us	sed by	any p	erson	for the	purpo	ose of	f solicit	ing co	ntribu	tions
or for commercial purposes, other than us													
NAME OF COMMITTEE (In Full)													
Consumer Healthcare Pro	ducts As	sociatio	on PAC (CH	IPA/I	PAC	)							
			(3)	,									
Full Name (Last, First, Middle Initial)													
A. CHRIS COONS FOR DEL	<b>AWARE</b>						Date of Disbursement						
							M = M	/	D I	D /	Y	Υ	Υ
Mailing Address PO BOX 9900		State Zip Code DE 19714					09		19	'	20	012	
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City NEWARK	•						Trans	actio	n ID :	SB23.	6593		
Purpose of Disbursement		DL	19714										
r dipose of Biobardement						71	Amoun	t of F	ach [	Disburs	ement	this I	Period
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CHRISTOPHER A COONS	3				egory/ ype		Ι.					2000	0.00
Office Sought: House		nent For:	2012		урс			,		,			
★ Senate		Primary	General										
President		Other (spe	<i>&gt;</i> \										
State: DE District: 00		` .	•										
Full Name (Last, First, Middle Initial)													
B. CITIZENS FOR HARKIN							Date o	f Disb	ourser	nent			
3111 <u>2</u> 21131 311111111111							M M	/	D   I	D /	Y	Y	Υ
Mailing Address POBOX 811							09	ш	24			012	
City	;	State	Zip Code				Trans	sactio	n ID	: SB23.	6608		
DES MOINES		IA	50304										
Purpose of Disbursement						1	A m a m	+ of F	oob [	Oiobro	amant	امنطه	Doriod
Candidate Name						4	Amoun	l OI E	acn L	JISDUIS	ement	. triis i	Period
THOMAS RICHARD HARI	<b>∠</b> INI				egory/	'	'		_			1500	0.00
Office Sought: House		nent For:	2014	- 1	уре			,		,			
✓ Senate	Disbuisei	Primary	General										
President		Other (spe											
State: IA District: 00		Othor (ope	√3y) <b>∀</b>										
Full Name (Last, First, Middle Initial)													
C. COMMITTEE TO RE-ELE	CTLIND	Δ SΔΝΙ	CHE7				Date o	f Disb	ourser	nent			
OOMMITTEE TO BE LEE	OT LIND	/ ( O/ (I <b>V</b> )	OTILE				M M		D   I	D /	Y Y	Y	Y
Mailing Address 50 E ST, SE							09		20			012	
SUITE 1													
City	;	State	Zip Code				Trans	actio	n ID	: SB23.	6588		
WASHINGTON		DC	20003				mans	sactio	. טו וויי	. 3023.	0300		
Purpose of Disbursement					_	7							
						Ш	Amoun	t of E	ach [	Disburs	ement	this I	Period
Candidate Name					egory/							2000	00
LINDA SANCHEZ				Т	уре			, ,				2000	
Office Sought: House	Disburser	nent For:											
Senate		Primary	∑ General										
President  State: CA District: CA		Other (spe	ecity) 🔻										
State: CA District: 38													
	,						Г.					5500	00
SUBTOTAL of Disbursements This Page	(optional)					<u> </u>		7				3300	.50
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SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 28 OF 33							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)							
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b							
Any information copied from such Reports and Stater			on for the purpose of soliciting contributions							
or for commercial purposes, other than using the nam	ne and address of any politic	al committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Consumer Healthcare Products As	sociation PAC (CH	PA/PAC)								
$\bigvee$										
Full Name (Last, First, Middle Initial)  A. Consumer Healthcare Products As	enciation ———		Date of Disbursement							
——————————————————————————————————————	อบบเลนเปT		M M / D D / Y Y Y Y							
Mailing Address 900 19th Street, NW Suite 700			09 26 2012							
,	State Zip Code DC 20006		Transaction ID : SB23.6617							
Washington Purpose of Disbursement	DC 20006									
In-Kind to Braley for Congress (Rep. Bruce Braley)			Amount of Each Disbursement this Period							
Candidate Name		Category/	111.11							
BRALEY FOR CONGRESS  Office Sought:  House Disburser	nent For: 2012	Туре								
	Primary General									
President	Other (specify) ▼									
State: IA District: 01										
Full Name (Last, First, Middle Initial)  B. Consumer Healthcare Products As	sociation		Date of Disbursement							
			M = M / D = D / Y = Y = Y							
Mailing Address 900 19th Street, NW Suite 700			09 26 2012							
Washington	State Zip Code DC 20006		Transaction ID : SB23.6618							
Purpose of Disbursement In-Kind to Committee to Re-Elect Linda Sanchez			Amount of Each Disbursement this Period							
Candidate Name		Category/								
COMMITTEE TO RE-ELECT LIND		Type	666.84							
Office Sought: House Disburser Senate	nent For: 2012									
President	Primary									
State: CA District: 38	· · · · · · · · · · · · · · · · · · ·									
Full Name (Last, First, Middle Initial)			D. L. of Birkers							
c. CROWLEY FOR CONGRESS			Date of Disbursement							
Mailing Address 84-56 GRAND AVENUE			09 20 2012							
	75.0									
City S ELMHURST	State Zip Code NY 11373		Transaction ID: SB23.6602							
Purpose of Disbursement										
Candidate Name			Amount of Each Disbursement this Period							
JOSEPH CROWLEY		Category/ Type	1000.00							
Office Sought: House Disburser	nent For: 2012									
Senate President	Primary General									
State: NY District: 14	Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)		·····	1777.95							
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SCHEDULE B (FEC Form 3X)	Has somewhat the state of	, FOR LINE	PAGE 29 OF 33				
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	Detailed Summary Page		28a 28b 28				
Any information copied from such Reports and State	ements may not be sold or						
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NAME OF COMMITTEE (In Full)							
Consumer Healthcare Products A	ssociation PAC (C	HPA/PAC)					
/ Full Name (Last, First, Middle Initial)							
A. DAVE CAMP FOR CONGRESS			Date of Disbursement				
			M M / D D /	Y Y Y Y Y			
Mailing Address 5915 EASTMAN AVENUE			09 21	2012			
SUITE 100 City	State Zip Code						
MIDLAND	MI 48640		Transaction ID : SB23	.6603			
Purpose of Disbursement							
		<u> </u>	Amount of Each Disburs	sement this Period			
Candidate Name		Category/		1000.00			
DAVID LEE CAMP  Office Sought:  House Disburse	ement For: 2012	Туре					
Senate	Primary Seneral						
President	Other (specify) ▼						
State: MI District: 04							
Full Name (Last, First, Middle Initial)							
B. FRIENDS OF JOE PITTS			Date of Disbursement				
Mailing Address DO DOV 775			M M / D D /	2012			
Mailing Address PO BOX 775			09 20	2012			
City	State Zip Code		Transaction ID : SB23	s.6595			
Unionville	PA 19375		Transaction ib . Obze				
Purpose of Disbursement			Amount of Each Disburs	sement this Period			
Candidate Name		Cotogogy	, and an early bisbure	25011 1110 1 01100			
JOSEPH R. PITTS		Category/ Type		1000.00			
	ement For: 2012						
Senate	Primary General						
President President 16	Other (specify) ▼						
State: PA District: 16  Full Name (Last, First, Middle Initial)							
C. HATCH ELECTION COMMITTEE	INC		Date of Disbursement				
			M M / D D /	Y   Y   Y   Y			
Mailing Address 175 SOUTH WEST TEMPLE SUI	TE 650		08 11	2012			
City	State Zip Code						
City SALT LAKE CITY	UT 84101		Transaction ID: SB23	3.6580			
Purpose of Disbursement							
		<u> </u>	Amount of Each Disburs	sement this Period			
Candidate Name		Category/		1000.00			
ORRIN G HATCH  Office Sought: House Disburse	amont For: 0040	Туре		1000.00			
Office Sought: House Disburse	ement For: 2012 Primary General						
President	Other (specify)						
State: UT District: 00							
SUBTOTAL of Disbursements This Page (optional).				3000.00			
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NE NUMBER: PAGE 30 OF 33					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)					
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NAME OF COMMITTEE (In Full)								
Consumer Healthcare Products A	ssociation PAC (CH	IPA/PAC)						
Full Name (Last, First, Middle Initial)								
A. KIND FOR CONGRESS COMMIT	TEE		Date of Disbursement					
Mailing Address 205 5TH AVENUE SOUTH			09 11 2012					
City	State Zip Code		Transaction ID : SB23.6583					
LA CROSSE	WI 54601		Transaction ID . 3D23.0303					
Purpose of Disbursement			Amount of Each Disbursement this Perio	od				
Candidate Name		Category/						
RON KIND		Type	1000.00					
Office Sought: House Disburse Senate President	ment For: 2012 Primary							
State: WI District: 03	•							
Full Name (Last, First, Middle Initial)								
B. KLOBUCHAR FOR MINNESOTA	2012		Date of Disbursement					
Mailing Address PO BOX 4146			09 11 2012					
City ST PAUL	State Zip Code MN 55104		Transaction ID : SB23.6586					
Purpose of Disbursement			Amount of Each Disbursement this Perio	od				
Candidate Name		Category/	1000.00					
AMY J KLOBUCHAR  Office Sought: House Disburse	ement For: 2012	Туре						
Senate President	Primary ☐ General  Other (specify) ▼							
State: MN District: 00								
Full Name (Last, First, Middle Initial)  C. LYNN JENKINS FOR CONGRES	S		Date of Disbursement					
Mailing Address P.O. BOX 1441			09 19 2012					
City	State Zip Code		Transaction ID : SB23.6594					
TOPEKA	KS 66601							
Purpose of Disbursement								
Candidate Name LYNN JENKINS		Category/ Type	Amount of Each Disbursement this Period 1000.00					
	ment For: 2012	31						
Senate President	Primary							
State: KS District: 02								
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	3000.00					
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	Detailed Summary Page		22 X 23 28b	28c 29 30
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or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	<del>.</del>	' I D A / = '		
Consumer Healthcare Products A	ssociation PAC (Cl	HPA/PAC)		
Full Name (Last, First, Middle Initial)				
A. MATHESON FOR CONGRESS			Date of Disbursemen	
Mailing Address PO Box 521048			09 21	2012
Suite A				
City	State Zip Code	_	Transaction ID : S	B23.6605
Salt Lake City	UT 84152		. анэасион ID : S	0.0000
Purpose of Disbursement			Amount of Each Dis	sbursement this Period
Candidate Name			,ount of Each DIS	
JAMES D MATHESON		Category/ Type		1500.00
	ement For: 2012			
Senate	Primary Seneral			
President	Other (specify)			
State: UT District: 04				
Full Name (Last, First, Middle Initial)			Data of Dist	nt
PRICE FOR CONGRESS			Date of Disbursemen	
Mailing Address P.O. BOX 425			09 / 20	2012
City	State Zip Code			Doc 575
ROSWELL	GA 30077		Transaction ID : S	BZ3.6596
Purpose of Disbursement	_			h
Condidate No		_ []	Amount of Each Dis	sbursement this Period
Candidate Name THOMAS EDMUNDS PRICE		Category/		1000.00
	ement For: 2012	Туре		4
Senate Dispurse	Primary Seneral			
President	Other (specify)			
State: GA District: 06				
Full Name (Last, First, Middle Initial)			B :	
ROGERS FOR CONGRESS			Date of Disbursemen	
Mailing Address Post Office Box 581			09 18	2012
Post Office Box 581			00 10	2012
City	State Zip Code		Transaction ID : S	B23 6590
Brighton	MI 48116		mansaction ID : S	UUJU
Purpose of Disbursement			A	have a second
Candidate Name		ا لـــــا	Amount of Each Dis	sbursement this Period
MICHAEL J ROGERS		Category/ Type		1000.00
	ement For: 2012	.,,,,,		7
Senate	Primary Seneral			
President	Other (specify) ▼			
State: MI District: 08				
				2500.00
SUBTOTAL of Disbursements This Page (optional)		······		3500.00
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NAME OF COMMITTEE (In Full)  Consumer Healthcare P	raducts Assi	nciatio	nn PAC (CH	ΙΡΔ/Ρ	ΔC)					
				11 /-(1 /	<del>\(\)</del>					
Full Name (Last, First, Middle Initial A. RYAN FOR CONGRES	,					Date o	f Disburse	ement		
						M = M	/ D	D / Y	YY	Y
Mailing Address PO BOX 1488						07	1	7	2012	
City	Sta		Zip Code			Trans	saction ID	: SB23.640	64	
JANESVILLE Purpose of Disbursement	V	VI	53547							
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Candidate Name				Categ	jory/				100	2.00
PAUL D. RYAN				Тур				7	1000	J.00
Office Sought: House Senate President		rimary	2012 General ecify)							
State: WI District: 01										
B. STABENOW FOR US S	•					Date o	f Disburse	ement		
Mailing Address P.O. BOX 4945						09		D / Y	2012	Y
City EAST LANSING	Sta M		Zip Code 48826			Trans	saction ID	: SB23.65	71	
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Candidate Name				Catan		Amoun	t of Lacif	Disbuiseili	ent tins	renou
<b>DEBBIE STABENOW</b>				Categ Typ					100	0.00
Office Sought:  House Senate President State: MI District: 00		rimary	2012 General ecify)							
Full Name (Last, First, Middle Initia	•					Date o	f Disburse	ement		
Mailing Address 3309 114TH DRIV						м м 07	/ D	D / Y	2012	Y
City	Sta	ate.	Zip Code							
LAKE STEVENS	W		98258			Trans	saction ID	: SB23.65	75	
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STEVE HOBBS				Categ					500	0.00
Office Sought: House Senate President		rimary	2012 General ecify)	Тур	oe		7	7		
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Use separate schedule(s)   Check only one)   Check one)   Chec	S	CHEDULE B (FEC Form 3X)	l		FOR LINE	E NUMBER: PAGE 33 OF 33					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or 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. UPTON FOR ALL OF US  Mailing Address PO BOX 480  City State: Zip Code STJOSEPH Mil 49085  Furpose of Disbursement  Candidate Name  FREDERICK STEPHEN UPTON  Office Sought: President  Candidate Name  Freinath Aum (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE  Mailing Address P.O. BOX 40280  City State: Zip Code Ri 02940  Full Name (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE  Mailing Address P.O. BOX 40280  City State: Ri Disbursement  Candidate Name  Freinath Aum (Last, First, Middle Initial)  Consider Name  Freinath Aum (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Consider Name  Freinath Aum (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Consider Name  Freinath Aum (Last, First, Middle Initial)  Consider Name  Freinath Aum (Last, First, Middle Initial)  Consider Name  Full Name (Last, First, Middle Initial)  Consider Name  Freinath Aum (Last, First, Middle Initial)  Freinath Aum (Last, First, Middle Initial)  Consider Name  Freinath Aum (Last, First, Middle Initial)  Freinath Aum	IT	EMIZED DISBURSEMENTS			(check only	one)					
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.  NAME OF COMMITTEE (In Full)  Consumer Healthcare Products Association PAC (CHPA/PAC)  Full Name (Last, First, Middle Initial)  A. UPTON FOR ALL OF US  Mailing Address PO BOX 490  City STJOSEPH Purpose of Dibbursement  Cardidate Name FREDERICK STEPHEN UPTON  Office Sought State: MI District of Bisturesement For: 2012  Senate Primary State: MI District of Bisturesement  Mailing Address P.O. BOX 40280  Transaction ID : \$823.6572  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Transaction ID : \$823.6572  Amount of Each Disbursement  Date of Disbu											
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 Pull)  Consumer Healthcare Products Association PAC (CHPA/PAC)  Full Name (Last, First, Middle Initial)  A. UPTON FOR ALL OF US  Mailing Address PO BOX 480  City State Zip Code Mi 40086  Full Name (Last, First, Middle Initial)  FREDERICK STEPHEN UPTON  Office Sought: House President Other (specify) ▼  State: MI District: 06  Full Name (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE  Mailing Address P.O. BOX 40280  City State Zip Code RI 02340  Purpose of Disbursement  Candidate Name  SHELDON II WHITEHOUSE  Office Sought: House President  Shate: RI District: 00  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Candidate Name  SHELDON II WHITEHOUSE  Office Sought: House President  Shate: RI District: 00  Full Name (Last, First, Middle Initial)  Candidate Name  SHELDON II WHITEHOUSE  Office Sought: House President  Shate: RI District: 00  Full Name (Last, First, Middle Initial)  City State Zip Code  RI 02340  Amount of Each Disbursement  Other (specify) ▼  1000.00  Full Name (Last, First, Middle Initial)  Cardodate Name  Shate: RI District: 00  Full Name (Last, First, Middle Initial)  City State Zip Code  RI 02340  Amount of Each Disbursement  Other (specify) ▼  1000.00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, Middle Initial)  City State: RI District: 00  Full Name (Last, First, M	<u> </u>		<u> </u>								
Consumer Healthcare Products Association PAC (CHPA/PAC)  Full Name (Last, First, Middle Initial)  A. UPTON FOR ALL OF US  Mailing Address PO BOX 490  City State Zip Code ST JOSEPH MI 49385  Purpose of Disbursement  Candidate Name President President Other (specify) Williams (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE  Mailing Address P.O. BOX 4280  City State Zip Code RI 02940  PROVIDENCE RI 02940  Transaction ID : SB23.6572  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB23.6579  Amount of Each Disbursement  Other (specify) Williams (Last, First, Middle Initial)  Date of Disbursement ID : SB23.6579  Amount of Each Disbursement  Transaction ID : SB23.6579  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB23.6567  Amount of Each Disbursement  Category/ Type  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  City State Ri District Other (specify) Williams (Last, First, Middle Initial)  State: Ri District Other (specify) Williams (Last, First, Middle Initial)  Substotal of Disbursement Initials (Last, First, Middle Initial)  Substotal of Disbursement Initials (Last, First, Middle Initial)  Amount of Each Disbursement Initials (Last, First, Middle Initial)  Transaction ID : SB23.6567  Amount of Each Disbursement Initials (Last, First, Middle Initial)  Transaction ID : SB23.6567  Amount of Each Disbursement Initials (Last, First, Middle Initial)  Transaction ID : SB23.6567  Amount of Each Disbursement Initials (Last, First,											
Full Name (Last, First, Middle Initial)  A. UPTON FOR ALL OF US  Mailing Address PO BOX 490  City State Zip Code ST JOSEPH MI 49085  Purpose of Disbursement  Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate Primary Senate President State: RI Disbursement  Mailing Address P.O. BOX 40280  City State Zip Code PROVIDENCE RI 02940  Propose of Disbursement  Mailing Address P.O. BOX 40280  City State Zip Code RI 02940  Propose of Disbursement  Candidate Name Senate Primary General Primary Gene		, ,									
A. UPTON FOR ALL OF US  Mailing Address PO BOX 490  City St JOSEPH MI 49985  Purpose of Disbursement  Candidate Name FREDERICK STEPHEN UPTON Office Sought: House President Disbursement For: 2012  Senate President Other (specify) ▼  State: MI District: 06  Full Name (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE  Mailing Address P.O. BOX 40280  City St Joseph President Other (specify) ▼  State: RI District: 00  Category' Type  Disbursement Tor: 2012  Category' Transaction ID : SB23,6572  Amount of Each Disbursement Date of Disbursement For: 2012  Category' Type  Condidate Name Senate President Chief (specify) ▼  City WHITFIELD FOR CONGRESS COMMITTEE  Mailing Address P.O. BOX 391  City State: RI District: 00  City State: RI District: 01  Candidate Name  ED WHITFIELD  Candidate Name  ED WHITFIELD  Category' State: RI Disbursement For: 2012  Condidate Name  ED WHITFIELD  Candidate Name  ED WHITFIELD  Category' State: RI Disbursement For: 2012  Condidate Name  ED WHITFIELD  Category' State: RI Disbursement For: 2012  Condidate Name  Category' State: RI Disbursement For: 2012  Condidate Name  Candidate Name  Category' State: RI Disbursement For: 2012  Condidate Name  Category' State: RI Disbursement For: 2012  Condidate Nam		Consumer Healthcare Products As	sociatio	on PAC (CH	PA/PAC)						
Mailing Address PO BOX 490  City State Zip Code ST JOSEPH MI 49085  Purpose of Disbursement  Candidate Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Shaller RI Dishiret: 00  Full Name (Last, First, Middle Initial)  Fresident  Candidate Name  Shaller RI Dishursement For: 2012  Purpose of Disbursement  Candidate Name  Shall DON II WHITEHOUSE  Office Sought: House  Other (specify) ▼  Shall DON II WHITEHOUSE  Office Sought: President  State: RI Dishiret: 00  Full Name (Last, First, Middle Initial)  C. WHITFIELD FOR CONGRESS COMMITTEE  Mailing Address P.O. BOX 391  City State Zip Code President  Candidate Name  Shall DON II WHITEHOUSE  Office Sought: President  Candidate Name  Shall DON II WHITEHOUSE  Office Sought: President  Candidate Name  Category'  Transaction ID : SB23.6579  Amount of Each Disbursement bis Period  Transaction ID : SB23.6579  Transaction ID : SB23.6567  Transaction	$\overline{}$					_					
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ST_OSEPH Purpose of Disbursement  Candidate Name FREDERICK STEPHEN UPTON  Office Sought: House Senate Prisident State: MI Disbirit: 06  Full Name (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE  Mailing Address P.O. BOX 40280  City State Zip Code Provident Senate Prisident State: RI Disbursement For: 2012  Candidate Name SHELDON II WHITEHOUSE  Office Sought: House Disbursement For: 2012  Senate Prisident State: RI Disbirit: 00  Full Name (Last, First, Middle Initial)  Candidate Name SHELDON II WHITEHOUSE  Office Sought: House Disbursement For: 2012  Senate Prisident State: RI Disbirit: 00  Full Name (Last, First, Middle Initial)  Candidate Name SHELDON II WHITEHOUSE  Office Sought: House Disbursement For: 2012  Senate Prisident State: RI Disbirit: 00  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement  Category/ Type  Transaction ID: SB23.6579  Amount of Each Disbursement  Transaction ID: SB23.6579  Amount of Each Disbursement  Transaction ID: SB23.6579  Amount of Each Disbursement  Transaction ID: SB23.6579  Transaction ID: SB23.6579  Amount of Each Disbursement  Transaction ID: SB23.6579  Transaction ID: SB23.6567  Amount of Each Disbursement  Transaction ID: SB23.6579  Amount of Each Disbursement  Transaction ID: SB23.6567  Amount of Each Disbursement Intia Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement Intia Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement Intia Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement Intia Period  Category/ Type  Transaction ID: SB23.6567		Mailing Address PO BOX 490								1	
SI JOSEPH MI 49085 Purpose of Disbursement  Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Primary Other (specify) ▼  Full Name (Last, First, Middle Initial)  SHADON I WHITEHOUSE Office Sought: House Primary Other (specify) ▼  Shate Ribush District of Disbursement For: 2012  Candidate Name SHELDON II WHITEHOUSE Office Sought: House President Other (specify) ▼  State: Ribush District of Disbursement For: 2012  Primary Calegory/ Type  Transaction ID: SB23.6579  Amount of Each Disbursement  Calegory/ Type  Transaction ID: SB23.6579  Amount of Each Disbursement  Date of Disbursement this Period  Calegory/ Type  Transaction ID: SB23.6579  Date of Disbursement Type  Transaction ID: SB23.6579  Amount of Each Disbursement this Period  Calegory/ Type  Transaction ID: SB23.6579  Date of Disbursement  Office Sought: Transaction ID: SB23.6579  Date of Disbursement  Office Sought: Transaction ID: SB23.6579  Amount of Each Disbursement this Period  Calegory/ Type  Transaction ID: SB23.6579  Amount of Each Disbursement  Office Sought: Office Sought: Primary Calegory/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB23.6567  Amount of Each Disbursement this Period		City		Zip Code		Trans	action ID :	SB23 6572			
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