Image# 13941763803 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than	All Authorized				Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT V		mple: If typin r the lines.	g, type	12FE4M5	
Consumer Healthcare P	Products Asso	ociation PAC	(CHPA/F	PAC)		
ADDRESS (number and street)	900 19th Street, N					
▼	Suite 700					
Check if different than previously reported. (ACC)	Washington				DC	20006
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		8	STATE 🛦	ZIP CODE ▲
C C00040584		3. IS THIS REPORT	N (N	EW N) OR	X AN	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N.	1ay 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	340 0	Mar 20 (M3)		un 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1))	Apr 20 (M4)	J	ul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Ele		Primary (12P)			
October 15 Quarterly Report (Q3)	Report	for the:	Convention (1	20)	Special (125)
January 31 Year-End Report (YE)	Election on	11 /	06	2012	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G)	Runoff (3	Special (30S)
Termination Report (TER)	Report	Election on	M = M /	D D /	Y = Y = Y = Y	in the State of
5. Covering Period 10	/ D D / Y	2012	through	10	/ D D /	2012
I certify that I have examined this	Report and to the	e best of my kno	wledge and b	elief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Lisa Early					
Signature of Treasurer Lisa Ea	urly		[Electronically	<i>Filed]</i> D	ate 10	/ 11 / 2013
NOTE: Submission of false, erroneo	ous, or incomplete i	information may su	bject the pers	on signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 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: 10 01 2012 To: 10 17 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		16881.33
	(b) Cash on Hand at Beginning of Reporting Period	2483.08	
	(c) Total Receipts (from Line 19)	576.09	26563.90
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3059.17	43445.23
7.	Total Disbursements (from Line 31)	1056.46	41442.52
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2002.71	2002.71
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: 10	01 2012 To:	10 17 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	,	
(a) Individuals/Persons Other		
Than Political Committees	536.09	15212.49
(i) Itemized (use Schedule A)	330.03	10212110
(ii) Unitemized(iii) TOTAL (add	40.00	2851.41
Lines 11(a)(i) and (ii)	576.09	18063.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	8500.00
(such as PACs)	7	0000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	576.09	26563.90
Totals to Line 33, page 5)	510.00	7 7
Transfers From Affiliated/Other Party Committees	0.00	0.00
,	7	
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Lovin Fando (nom Concado Fio)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	576.09	26563.90
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	576.09	26563.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period		
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			Calendar Year-to-Date	
	(i) Federal Share	0.00	0.00	
	(ii) Non Fodoral Chara	0.00	0.00	
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
	Expenditures	56.46	424.39	
	(c) Total Operating Expenditures			
0	(add 21(a)(i), (a)(ii), and (b))▶	56.46	424.39	
	Transfers to Affiliated/Other Party Committees	0.00	0.00	
3.	Contributions to Federal Candidates/Committees			
	and Other Political Committees	1000.00	41018.13	
	Independent Expenditures	0.00	0.00	
o. '	(use Schedule E)Coordinated Party Expenditures	7 7		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
3.	Loan Repayments Made	0.00	0.00	
7.	Loans Made	0.00	0.00	
3.	Refunds of Contributions To: (a) Individuals/Persons Other	7 7 7		
	Than Political Committees	0.00	0.00	
	(h) Political Porty Committees	0.00	0.00	
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(I) Table Control for Date of			
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
	(add 211100 20(a), (b), and (0))			
9.	Other Disbursements	0.00	0.00	
1	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6)		0.00	
	(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	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00	
l. '	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1056.46	41442.52	
2.	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	1056.46	41442.52	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	576.09	26563.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	576.09	26563.90
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	56.46	424.39
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	56.46	424.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

6 OF 11

for each category of the 12 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) Deborah Ford Date of Receipt Mailing Address 5730 Park Drive 2012 10 City Zip Code State Transaction ID: SA11AI.6627 MD Bowie 20715 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 395.96 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Funderburk Date of Receipt Mailing Address 626 F St, NE 10 15 2012 City State Zip Code Transaction ID: SA11AI.6624 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 375.12 Other (specify) Full Name (Last, First, Middle Initial) c. John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 10 15 2012 City Zip Code State Transaction ID: SA11AI.6622 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 1458.38 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... 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 NOMB (check only one)

FOR LINE NUMBER:					PAGE	7	OF	11		
	(check only one)									
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		13		14		15	16		17	

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	-	
igr > Consumer Healthcare Produ	ucts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Travis Gibbons		Date of Receipt
Mailing Address 728 18th Street S.		Man / Dab / Yayayay
		10 15 2012
City	State Zip Code	Transaction ID : SA11AI.6621
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	395.96	
Other (specify)	350.50	
Full Name (Last, First, Middle Initial) 3. Carlos Gutierrez		Date of Receipt
Mailing Address 926 North Barton Street		Date of Neceipt
Maining / Marioso 920 North Barton Street		10 15 _2012 _
City	State Zip Code	Transaction ID : SA11AI.6628
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.21
Name of Employer	Occupation	-
Consumer Healthcare Products	Director, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	288.99	
Full Name (Last, First, Middle Initial)	I	
Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		M M / D D / Y Y Y Y Y Y 10 10 15 2012
City	State Zip Code	Transaction ID : SA11AI.6623
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.06	
Other (specify) ▼	395.96	
CURTOTAL of Preside This Pres (s. "		56.89
SUBTOTAL of Receipts This Page (options	ai)	55.55
TOTAL This Period (last page this line nur	mber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBE (check only one)

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

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

NAME OF COMMITTEE (In Full)

Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott M. Melville		Date of Receipt
Mailing Address 1596 Lupine Den Court		10 15 2012
City Vienna	State Zip Code VA 22182	Transaction ID : SA11AI.6619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.33
Name of Employer Consumer Healthcare Products	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3958.28	
Full Name (Last, First, Middle Initial) Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.	Charles 7's On the	10 15 2012
City	State Zip Code	Transaction ID : SA11AI.6632
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer Consumer Healthcare Products	Occupation Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.06	
Full Name (Last, First, Middle Initial) Ted Peterson	•	Date of Receipt
Mailing Address 8417 Weller Avenue		10 15 2012
City McLean	State Zip Code VA 22102	Transaction ID : SA11AI.6620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CHPA	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 791.73	
SUBTOTAL of Receipts This Page (optional).		312.51
TOTAL This Period (last page this line number	er only)	

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

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

FOR LINE NUMBER:				PAGE	9	OF	11	
	(ch	eck only	one)					
	>	11a	11b		11c	12		
		13	14		15	16		17

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	cts Association PAC (CHPA/PAC)		
Full Name (Last, First, Middle Initial) Dan Quinonez Mailing Address 6011-A Curtier Drive		Date of Receipt	
City	State Zip Code	10 15 2012 Transaction ID : SA11AI.6625	
Alexandria	VA 22310	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.84	
Name of Employer Consumer Healthcare Products	Occupation State Government Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	395.96		
Full Name (Last, First, Middle Initial) 3.		Date of Receipt	
Mailing Address	Mailing Address		
City	City State Zip Code		
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial)	·	Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)		20.84	
TOTAL This Period (last page this line numb	per only)	536.09	

S 17

SCHEDULE B (FEC Form 3X)		L COD LINE	NUMBER: PAGE 10 OF 1		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 11 (check only one)			
II LIVIIZED DISDUNSEIVIENIS	for each category of the	X 21b	22 23 24 25 2		
	Detailed Summary Page	27	28a 28b 28c 29 3		
Any information copied from such Reports and Statem	ents may not be sold or used	d by any nerso	on for the purpose of soliciting contributions		
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
Consumer Healthcare Products Ass	sociation PAC (CHF	PA/PAC)			
	<u> </u>	<u> </u>			
Full Name (Last, First, Middle Initial)			Data of Dishamanan		
A. Wells Fargo Bank			Date of Disbursement		
Mailing Address 1800 K Street NW			10 11 2012		
Maining / Marioso 1000 IX Officer IVVV			10 11 2012		
City	tate Zip Code		Transportion ID ODO4D 0000		
r as migran	DC 20006		Transaction ID: SB21B.6633		
Purpose of Disbursement		201			
Condidate Name		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	56.46		
Office Sought: House Disbursem	ent For:	Туре	7		
	Primary General				
	Other (specify)				
State: District:	•				
Full Name (Last, First, Middle Initial)					
B.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address					
City	tate Zip Code				
Oity	tate Zip Gode				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type			
Office Sought: House Disbursem					
	Primary General Other (specify) ▼				
State: District:	Strict (Specify)				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address					
0.11	7. 0.1				
City	tate Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	7		
Office Sought: House Disbursem					
	Primary General				
	Other (specify)				
State: District:					
CUPTOTAL of Diphuranmento This Dans (antique)			56.46		
SUBTOTAL of Disbursements This Page (optional)		······			
TOTAL This Period (last page this line number only).			56.46		

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