

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street) 900 19th Street, NW Suite 700 Washington DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00040584 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 Lisa Early

Signature of Treasurer Lisa Early [Electronically Filed] Date 10 / 11 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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"/> | | 16881.33 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 2002.71 | |
| (c) Total Receipts (from Line 19) | 1298.82 | 27862.72 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 3301.53 | 44744.05 |
| 7. Total Disbursements (from Line 31)..... | 1056.20 | 42498.72 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 2245.33 | 2245.33 |
| 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

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)..... | 1248.82 | 16461.31 |
| (ii) Unitemized | 50.00 | 2901.41 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 1298.82 | 19362.72 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 8500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1298.82 | 27862.72 |
| 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))..... ▶ | 1298.82 | 27862.72 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 1298.82 | 27862.72 |

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 | 56.20 | 480.59 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 56.20 | 480.59 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1000.00 | 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)) .. | 1056.20 | 42498.72 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1056.20 | 42498.72 |

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) | 1298.82 | 27862.72 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1298.82 | 27862.72 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 56.20 | 480.59 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 56.20 | 480.59 |

**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 13 |
| <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)

A. Elizabeth Funderburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 F St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation Director, Communications & Media
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **395.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.6646
 Amount of Each Receipt this Period
20.84

B. Elizabeth Funderburk
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 F St, NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHPA Occupation Director, Communications & Media
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.80**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.6647
 Amount of Each Receipt this Period
20.84

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 **1562.55**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.6642
 Amount of Each Receipt this Period
104.17

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 145.85 |
| 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 13 |
| | <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 | <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 ▼ 1666.72

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.6643

Amount of Each Receipt this Period 104.17

B. Travis Gibbons
Full Name (Last, First, Middle Initial)

Mailing Address 728 18th Street S.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.80

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.6640

Amount of Each Receipt this Period 20.84

C. Travis Gibbons
Full Name (Last, First, Middle Initial)

Mailing Address 728 18th Street S.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.6641

Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.85

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 13 |
| <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 Arlington State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Director, State Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **304.20**

Date of Receipt **10 / 31 / 2012**
Transaction ID : SA11AI.6650
Amount of Each Receipt this Period **15.21**

B. Carlos Gutierrez
Full Name (Last, First, Middle Initial)
Mailing Address 926 North Barton Street
City Arlington State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Director, State Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **319.41**

Date of Receipt **11 / 15 / 2012**
Transaction ID : SA11AI.6651
Amount of Each Receipt this Period **15.21**

C. Mary Kassouf
Full Name (Last, First, Middle Initial)
Mailing Address 501 Slaters Lane Apt. 404
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation Director, Meetings
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 15 / 2012**
Transaction ID : SA11AI.6649
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **40.42**
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 9 OF 13
(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. Dr. Barbara A. Kochanowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 951 Hidden Park Place
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.6644
 Amount of Each Receipt this Period 20.84

B. Dr. Barbara A. Kochanowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 951 Hidden Park Place
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.6645
 Amount of Each Receipt this Period 20.84

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 ▼ 4166.61

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.6636
 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.01
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 13 |
| | <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. 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 ▼ **4374.94**

Date of Receipt **11 / 15 / 2012**

Transaction ID : SA11AI.6637

Amount of Each Receipt this Period **208.33**

B. Lindsay Morris
Full Name (Last, First, Middle Initial)

Mailing Address 7605 Trail Run Rd.

City Falls Church State VA Zip Code 22042

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

Name of Employer Consumer Healthcare Products Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.57**

Date of Receipt **10 / 31 / 2012**

Transaction ID : SA11AI.6656

Amount of Each Receipt this Period **62.51**

C. Lindsay Morris
Full Name (Last, First, Middle Initial)

Mailing Address 7605 Trail Run Rd.

City Falls Church State VA Zip Code 22042

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

Name of Employer Consumer Healthcare Products Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.08**

Date of Receipt **11 / 15 / 2012**

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period **62.51**

SUBTOTAL of Receipts This Page (optional)..... **333.35**

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 13 |
| | <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. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.6638
Amount of Each Receipt this Period
41.67

B. Ted Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 8417 Weller Avenue
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.07

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2012
Transaction ID : SA11AI.6639
Amount of Each Receipt this Period
41.67

c. David Spangler
Full Name (Last, First, Middle Initial)
Mailing Address 1449 N Street, NW Apartment 3
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer CHPA Occupation Senior VP., Policy & Int'l Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.6635
Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 333.34 |
| TOTAL This Period (last page this line number only).....▶ | 1248.82 |

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 |

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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

| |
|-------------------|
| 001 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2012 |

Transaction ID : SB21B.6658

Amount of Each Disbursement this Period

| |
|-------|
| 56.20 |
|-------|

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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|-------|
| 56.20 |
|-------|

| |
|-------|
| 56.20 |
|-------|

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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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 |

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

ROBERT P JR CASEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 01 | / | 2012 |

Transaction ID : SB23.6659

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|---------|
| 1000.00 |
|---------|

| |
|---------|
| 1000.00 |
|---------|