Image# 13941763827		_		PAGE 1 / 15
	PORT OF REC D DISBURSEM Other Than An Authorized (	ENTS	0/7 11	
1. NAME OF TYP	E OR PRINT V Exam	ole: If typing, type		se Only
COMMITTEE (in full)		he lines.	12FE4M5	
Consumer Healthcare Pro	oducts Association PAC (	CHPA/PAC)		
ADDRESS (number and street)	00 19th Street, NW			
▼ S	uite 700			
Check if different than previously reported. (ACC)	Vashington		DC 20006	
2. FEC IDENTIFICATION NUMB	ER V CITY	S		ZIP CODE
C C00040584	3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q1)		rimary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	onvention (12C)	Special (12S)	
Quarterly Report (Q3) X January 31 Year-End Report (YE)	Election on	M M / D D /	YYYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		eneral (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period	27 / Y Y Y Y 2012	through 12	/ D D / Y Y 31 201	Y Y 12
I certify that I have examined this Re	eport and to the best of my knowle	edge and belief it is true	e, correct and complet	te.
Type or Print Name of Treasurer	isa Early			
Signature of Treasurer	[E	lectronically Filed]	ate 10 / 11	D / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous	, or incomplete information may subj	ect the person signing th	is Report to the penaltion	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X

10/11/2013 14 : 43

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### Consumer Healthcare Products Association PAC (CHPA/PAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y Y 1 27 2012	To: 12 31 / Y Y Y Y Y 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	2245.33	
	(c) Total Receipts (from Line 19)	1588.30	29451.02
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	3833.63	46332.35
7.	Total Disbursements (from Line 31)	57.17	42555.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3776.46	3776.46
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

X

		TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)	· · · · · · · · · · · · · · · · · · ·	Page 3
	Irite or Type Committee Name		
(	Consumer Healthcare Products Asso	ociation PAC (CHPA/PAC)	
R	eport Covering the Period: From:	/ D D / Y Y Y Y Y 27 2012	To: 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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	1513.30	17974.61
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	75.00	2976.41
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	1588.30	20951.02
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	8500.00
	(such as PACs)	0.00	8500.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1588.30	29451.02
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
	(Refunds, Rebates, etc.)	0.00	
	(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	0.00	7 7 7
	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds	7 7 7	
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	1588.30	29451.02
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	1588.30	29451.02

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	57.17	537.76
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	57.17	537.76
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	42018.13
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	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
(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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	57.17	42555.8
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	57.17	42555.89
,		

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#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1588.30	29451.02
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1588.30	29451.02
<ul> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ul>	57.17	537.76
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	57.17	537.76

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

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	<b></b>			
	y information copied from such Reports and Sta													
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to sol	icit cor	ntrib	utions	from suc	ch co	ommitt	ee.			
$\backslash$	NAME OF COMMITTEE (In Full)	Accordet												
	Consumer Healthcare Products	ASSOCIAL	IUII FAC (CHPA/PAC)											
Α.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk				Date of	Re	ceipt							
	Mailing Address 626 F St, NE				M         M         /         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y									
	City	State	Zip Code	1.										
	Washington	20002	A	mount	of	Each F	Receipt t	his F	Period					
	FEC ID number of contributing federal political committee.					,			20	84				
	Name of Employer	Occupation		-										
	СНРА	Director, Co	ommunications & Media											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		437.64											
	Other (specify)	<u> </u>	437.04											
В.	Full Name (Last, First, Middle Initial) Elizabeth Funderburk				Date of	Re	ceipt							
-	Mailing Address 626 F St, NE				M M	/	D	D / T	Y Y	Y	Y			
		41	12		15		20	012						
	City		Transaction ID : SA11AI.6677											
	Washington	DC	20002	A	Amount	of	Each F	Receipt 1	his F	Period				
	FEC ID number of contributing federal political committee.	С			20.84									
	Name of Employer	Occupation		$\neg$										
	CHPA	Director, Co	mmunications & Media											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		458.48											
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,											
C.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address 626 F St, NE				м м 12	/	D 31			) 12	Y			
	City	State	Zip Code		Trans	act	ion ID :	: SA11A	1.667	8				
	Washington	DC	20002	A	Mount	of	Each F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С					,			20	.84			
	Name of Employer	Occupation		-										
	СНРА	Director, Co	ommunications & Media											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)	<u> </u>	479.32											
s	UBTOTAL of Receipts This Page (optional)		·····				7			62.	52			
т	OTAL This Period (last page this line number o	nly)	<b></b>	. [			,	,						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 7 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associat	ion PAC (CHPA/PAC)								
A.	Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St.			Date of Receipt							
	City	State	Zip Code	11 30 2012 Transaction ID : SA11AI.6670							
	Arlington	VA	22207	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		104.17							
	Name of Employer	Occupation	l	-							
	Consumer Healthcare Products	Vice Presid	ent, Government Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1770.89								
в.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address 3180 N. Quincy St.			12 15 2012							
	City	Zip Code	Transaction ID : SA11AI.6671								
	Arlington	VA	22207	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		104.17							
	Name of Employer Consumer Healthcare Products	Occupation Vice Presid	ent, Government Affairs	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1875.06								
с.	Full Name (Last, First, Middle Initial) John Gay			Date of Receipt							
	Mailing Address 3180 N. Quincy St.			M M / D D / Y Y Y Y Y 12 31 2012							
	City Arlington	State VA	Zip Code 22207	Transaction ID : SA11AI.6672           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		104.17							
	Name of Employer	Occupation	1	-							
	Consumer Healthcare Products	Vice Presid	lent, Government Affairs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1979.23								
s	UBTOTAL of Receipts This Page (optional)		•	312.51							
Т	OTAL This Period (last page this line number o	nly)	•								

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

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PAGE 8 OF

••			Detailed Summary Page		11a 13		11b 14	11c	12	17				
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	soliciting	g contrib	utions				
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products													
Α.	Full Name (Last, First, Middle Initial) Travis Gibbons Mailing Address 728 18th Street S.				Date o	_	eceipt		- Y - Y	V				
	City	State	Zip Code		11		30		2012					
	Arlington	VA	22202	/	Transaction ID : SA11AI.6667 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				_	<u></u>	7	2	20.84				
	Name of Employer Consumer Healthcare Products	Occupation Assoc. Dire	ctor, Federal Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.48	]										
в.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt							
	Mailing Address 728 18th Street S.						12 15 / Y Y Y Y 12 15 2012							
	City Arlington	State VA	Zip Code 22202	/				SA11AI. Receipt th		d				
	FEC ID number of contributing federal political committee.				<u></u>		2	0.84						
	Name of Employer Consumer Healthcare Products													
	Receipt For:	Aggregate	Year-to-Date ▼ 479.32	]										
c.	Full Name (Last, First, Middle Initial) Travis Gibbons				Date o	f Re	ceipt							
	Mailing Address 728 18th Street S.				м м 12	/	31		y y 2012	Y				
	City Arlington	State VA	Zip Code 22202					<b>SA11AI</b> Receipt th		d				
	FEC ID number of contributing federal political committee.				7		2	20.84						
	Name of Employer													
	Consumer Healthcare Products Receipt For:	_												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.16	1										
	UBTOTAL of Receipts This Page (optional)						<u>,</u>		6	2.52				

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FOR LINE NUMBER:

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PAGE 9 OF

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Product	s Association PAC (CHPA/PAC)	1
Full Name (Last, First, Middle Initial)         A.       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	State       Zip Code         VA       22201         C       Occupation         Director, State Affairs         Aggregate Year-to-Date ▼         334.62	Date of Receipt
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. 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 ▼       349.83	Date of Receipt 12 15 2012 Transaction ID : SA11AI.6683 Amount of Each Receipt this Period 15.21
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 ▼         365.04	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6684 Amount of Each Receipt this Period 15.21
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		45.63

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		-		11b		11c		12			
A	w information control from such Denester and C	Notomente			13		14		15		16	1		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	e name and a	ddress of any political committee	to so	or the licit co	pur ntrib	pose o outions	ot so s fro	m such	cor coi	mmitt	ee.		
$\setminus$	NAME OF COMMITTEE (In Full)													
	Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)											
Α.	Full Name (Last, First, Middle Initial) Mary Kassouf				Date o	f Re	eceipt							
	Mailing Address 501 Slaters Lane				M M	/	D	D	/ Y	Y	Y	Υ		
	Apt. 404	Ctoto	Zin Codo	_	11	۰.		0			)12			
	City Alexandria	State VA	Zip Code 22314				-		A11AI.(		-			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer	Occupation												
	СНРА	Director, Me	eetings											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		220.00											
	Other (specify)		1 1 1											
в.	Full Name (Last, First, Middle Initial) Mary Kassouf			1	Date o	f Re	ceipt							
	Mailing Address 501 Slaters Lane													
	Apt. 404	- 1	12 15 2012											
	Alexandria	State VA	Zip Code 22314	Transaction ID : SA11AI.6680 Amount of Each Receipt this Period										
		_		-	Amoun		Each	net	Jeipt th	15 F	enou			
	FEC ID number of contributing federal political committee.	С					7		7	_	10	.00		
	Name of Employer CHPA													
	-	Director, Me		_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		, 230.00											
<u> </u>	Full Name (Last, First, Middle Initial) Mary Kassouf				Date o	f Re	ceipt							
	Mailing Address 501 Slaters Lane Apt. 404				м м 12	/	D 3	D 31	/ Y		) 12	Y		
	City	State	Zip Code		Trans	sact	ion ID	):S	A11AI.	6681				
	Alexandria	VA	22314	_ /	Amoun	t of	Each	Red	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С			10.00									
	Name of Employer													
	СНРА													
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		040.00											
	Other (specify)		240.00											
s	UBTOTAL of Receipts This Page (optional)									-	30.	00		
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b 14	110		12 16	17			
	ny information copied from such Reports and				for the		pose o	of solici	ting co	ontribu	tions			
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit co	ntrib	outions	from s	such c	ommitt	ee.			
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)	)										
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	f Re	eceipt							
	Mailing Address 951 Hidden Park Place				M M	/	30			y y 2012	Y			
	City	State	Zip Code		Transaction ID : SA11AI.6673									
	Herndon	VA	20170		Amoun	t of	Each	Receip	t this	Period				
	FEC ID number of contributing federal political committee.	С					7			20	.84			
	Name of Employer	Occupation												
	СНРА	Vice Presid	ent, Regulatory Affairs											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify)		458.48											
В.	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	f Re	eceipt							
	Mailing Address 951 Hidden Park Place		Zip Code		M M 12	/	D 15		2	y y 2012	Y			
	City		Trans	acti	ion ID	: SA11	AI.667	74						
	Herndon	_	Amoun	t of	Each	Receip	t this	Period						
	FEC ID number of contributing federal political committee.	С					,			20	.84			
	Name of Employer	Occupation												
	СНРА	Vice Presid	ent, Regulatory Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.32											
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski				Date of	f Re	eceipt							
	Mailing Address 951 Hidden Park Place				M M 12	/	3			y y 2012	Y			
	City Herndon	State VA	Zip Code 20170		Trans Amoun			: SA11						
	FEC ID number of contributing federal political committee.	С			Amoun		J	neceip			.84			
	Name of Employer	Occupation		_										
	СНРА													
	Receipt For:		ent, Regulatory Affairs Year-to-Date ▼	-										
	Primary General	Ayyreyale												
	Other (specify)		500.16											
s	UBTOTAL of Receipts This Page (optional)		•••••	► -			л. т.			62.	52			
Т	OTAL This Period (last page this line number	only)	••••••	•	L		,							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Consumer Healthcare Products	s Associat	ion PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) A. Scott M. Melville Mailing Address 1596 Lupine Den Court City Vienna FEC ID number of contributing federal political committee. Name of Employer	State VA C Occupation	Zip Code 22182	Date of Receipt          11       30       2012         Transaction ID : SA11AI.6661         Amount of Each Receipt this Period         208.33
Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	Aggregate	nd CEO Year-to-Date ▼ 4583.27	
Full Name (Last, First, Middle Initial)         Scott M. Melville         Mailing Address 1596 Lupine Den Court         City         Vienna         FEC ID number of contributing federal political committee.	State VA C	Zip Code 22182	Date of Receipt          12       15       2012         Transaction ID : SA11AI.6662         Amount of Each Receipt this Period         208.33
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) v	Aggregate		
Full Name (Last, First, Middle Initial)         Scott M. Melville         Mailing Address 1596 Lupine Den Court         City         Vienna         FEC ID number of contributing federal political committee.         Name of Employer         Consumer Healthcare Products         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation President a Aggregate		Date of Receipt          12       31       2012         Transaction ID : SA11AI.6663         Amount of Each Receipt this Period         208.40
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			625.06

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

(check only one)

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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Consumer Healthcare Produ												
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.	Lindsay Morris											
City Falls Church	State VA	Zip Code 22042	11     30     2012       Transaction ID : SA11AI.6691       Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		62.51									
Name of Employer Consumer Healthcare Products Receipt For:	Occupation Governmer											
Primary General Other (specify) ▼	Aggregate	1										
Full Name (Last, First, Middle Initial) <b>B.</b> <u>Lindsay Morris</u> Mailing Address 7605 Trail Run Rd.	Date of Receipt											
City Falls Church	12     15     2012       Transaction ID : SA11AI.6692       Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –											
Name of Employer Consumer Healthcare Products Receipt For:												
Primary General Other (specify) ▼	Primary General Aggregate real-to-bate											
Full Name (Last, First, Middle Initial) C. Lindsay Morris	Date of Receipt											
Mailing Address 7605 Trail Run Rd.	12 31 Y Y Y Y 2012											
City Falls Church	State VA	Zip Code 22042	Transaction ID : SA11AI.6693           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		62.51									
Name of Employer	-											
Consumer Healthcare Products Receipt For:												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 687.61	1									
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		187.53									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
or	y information copied from such Reports and SI for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products	Associati	on PAC (CHPA/PAC)							
Α.	Full Name (Last, First, Middle Initial)         Ted Peterson         Mailing Address 8417 Weller Avenue         City         McLean         FEC ID number of contributing federal political committee.         Name of Employer         CHPA         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation VP Aggregate	Zip Code 22102 Year-to-Date ▼ 916.74	Date of Receipt						
B.	Full Name (Last, First, Middle Initial) Ted Peterson Mailing Address 8417 Weller Avenue	Date of Receipt								
	McLean FEC ID number of contributing federal political committee. Name of Employer CHPA	State VA C Occupation VP	Zip Code 22102	Transaction ID : SA11AI.6665 Amount of Each Receipt this Period 41.67						
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 958.41								
C.	Full Name (Last, First, Middle Initial)         Ted Peterson         Mailing Address 8417 Weller Avenue         City         McLean         FEC ID number of contributing federal political committee.         Name of Employer         CHPA         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation VP Aggregate	Zip Code 22102 Year-to-Date ▼ 1000.08	Date of Receipt						
s	UBTOTAL of Receipts This Page (optional)		•••••	125.01						
т	OTAL This Period (last page this line number of	only)		1513.30						

SCHEDULE B (FEC Form 3X)				Use separate schedule(s)			-		INE NUMBER: PAGE 15 OF 15 only one)										
ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page				21b		22 28a		23 28b		24 28c		25 29	26 30b			
		pied from such Repor purposes, other than u																	
$\left \right\rangle$		MITTEE (In Full) Healthcare Pro	oducts As	sociatio	on PAC (CH	IPA/	PA	NC)											
Full Name (Last, First, Middle Initial)  A. Wells Farge Back Date of Disbursement																			
А.	A. Wells Fargo Bank											sburse		ent / Y	Y	Y	Y		
	Mailing Address 1800 K Street NW									12 11 2012									
	CityStateZip CodeWashingtonDC20006								Transaction ID : SB21B.6698										
	Purpose of Disb	ursement					001	П.	Amount of Each Disbursement this Period										
	Candidate Name						ego ype				57	7.17							
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼														
	State:	District:																	
В.	Fuil Name (Last	, First, Middle Initial)							Date of Disbursement										
	Mailing Address																		
	City	State Zip Code																	
	Purpose of Disbursement Candidate Name									Amount of Each Disbursement this Period									
							ego ype												
Office Sought: House Disbursement For: Senate Primary President Other (specify)					General ecify) ▼														
_	State: Full Name (Last	District: , First, Middle Initial)																	
C.									Date of Disbursement										
	Mailing Address										ľ	L							
	City State Zip Code Purpose of Disbursement																		
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							ego ype			Amoun	τοτ	Each	וט	sburser	nen	t this	Period		
	Office Sought: State:	House Senate President District:		nent For: Primary Other (spe	General ecify) v														
Г									1	-	-		-		-	ET	17		
s	<b>UBTOTAL</b> of Dis	sbursements This Pag	e (optional)					•• ▶		÷	-	7			-		.17		
т	<b>OTAL</b> This Perio	d (last page this line	number only)					🕨		L		7				57	.17		