



**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="2013"/>	<input type="text" value="3776.46"/>	<input type="text" value="3776.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18331.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12590.08"/>	<input type="text" value="33463.41"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="30921.26"/>	<input type="text" value="37239.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3046.71"/>	<input type="text" value="9365.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27874.55"/>	<input type="text" value="27874.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8150.08	13941.93
(ii) Unitemized .....	4440.00	6483.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12590.08	20425.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12590.08	30425.55
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	537.86
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
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))..... ▶	12590.08	33463.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12590.08	33463.41

**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
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 .....	46.71	365.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46.71	365.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	9000.00
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)) ..	3046.71	9365.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3046.71	9365.32

**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) .....	12590.08	30425.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12590.08	30425.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	46.71	365.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	537.86
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	46.71	-172.54

**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 16
<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. Jennifer Hawks Bland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3037 Wellington Court  
 City Atlanta State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Merck, Inc. Occupation Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 17 / 2013**  
**Transaction ID : SA11AI.6909**  
 Amount of Each Receipt this Period **400.00**

**B. Gary Downing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1197 Mine Hill Rd.  
 City Fairfield State CT Zip Code 06430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lansinoh Laboratories, Inc. Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2013**  
**Transaction ID : SA11AI.6913**  
 Amount of Each Receipt this Period **500.00**

**C. Scott Emerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 East Lancaster Ave.  
 City Wayne State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Emerson Group Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **06 / 05 / 2013**  
**Transaction ID : SA11AI.6904**  
 Amount of Each Receipt this Period **3000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3900.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Funderburk</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013 <b>Transaction ID : SA11AI.6869</b>
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Funderburk</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.6870</b>
Mailing Address 626 F St, NE		Amount of Each Receipt this Period 20.84
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation Director, Communications & Media	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name (Last, First, Middle Initial) <b>C. John Gay</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013 <b>Transaction ID : SA11AI.6871</b>
Mailing Address 3180 N. Quincy St.		Amount of Each Receipt this Period 104.17
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.87	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.85
<b>TOTAL</b> 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 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Gay</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.6872</b>
Mailing Address 3180 N. Quincy St.		Amount of Each Receipt this Period 104.17
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	

Full Name (Last, First, Middle Initial) <b>B. Patrick Gibbons</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2013 <b>Transaction ID : SA11AI.6962</b>
Mailing Address 200 Kensey Road		Amount of Each Receipt this Period 250.00
City Plymouth Meeting	State PA	Zip Code 19462
FEC ID number of contributing federal political committee. C	Name of Employer The Emerson Group	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Travis Gibbons</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013 <b>Transaction ID : SA11AI.6873</b>
Mailing Address 728 18th Street S.		Amount of Each Receipt this Period 20.84
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Assoc. Director, Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<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. 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 250.08

Date of Receipt 06 / 30 / 2013  
Transaction ID : SA11AI.6874  
Amount of Each Receipt this Period 20.84

**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 229.24

Date of Receipt 06 / 15 / 2013  
Transaction ID : SA11AI.6875  
Amount of Each Receipt this Period 20.84

**C. 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 250.08

Date of Receipt 06 / 30 / 2013  
Transaction ID : SA11AI.6876  
Amount of Each Receipt this Period 20.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<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. Kenneth W. Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9809 Redwing Drive  
 City Perry Hall State MD Zip Code 21128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Products Occupation Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.6907**  
 Amount of Each Receipt this Period  
 500.00

**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 ▼ 229.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : SA11AI.6879**  
 Amount of Each Receipt this Period  
 20.84

**C. 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 ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.6880**  
 Amount of Each Receipt this Period  
 20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.68
<b>TOTAL</b> 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 16
	<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. Richard Randall Lloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Garfield Avenue  
 City Madison State NJ Zip Code 07940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Consumer Healthcare Occupation President and Region Head, Novartis OT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 17 / 2013**  
**Transaction ID : SA11AI.6912**  
 Amount of Each Receipt this Period **1000.00**

**B. Scott M. Melville**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1596 Lupine Den Court  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Products Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2291.70**

Date of Receipt **06 / 15 / 2013**  
**Transaction ID : SA11AI.6881**  
 Amount of Each Receipt this Period **208.33**

**C. Scott M. Melville**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1596 Lupine Den Court  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Healthcare Products Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.03**

Date of Receipt **06 / 30 / 2013**  
**Transaction ID : SA11AI.6882**  
 Amount of Each Receipt this Period **208.33**

**SUBTOTAL** of Receipts This Page (optional)..... **1416.66**  
**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 12 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lindsay Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2013 <b>Transaction ID : SA11AI.6883</b>
Mailing Address 7605 Trail Run Rd.		Amount of Each Receipt this Period 62.51
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.61	

Full Name (Last, First, Middle Initial) <b>B. Lindsay Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2013 <b>Transaction ID : SA11AI.6884</b>
Mailing Address 7605 Trail Run Rd.		Amount of Each Receipt this Period 62.51
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.12	

Full Name (Last, First, Middle Initial) <b>C. Ted Peterson</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2013 <b>Transaction ID : SA11AI.6885</b>
Mailing Address 8417 Weller Avenue		Amount of Each Receipt this Period 41.67
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		
Name of Employer CHPA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
<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. 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 ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013  
**Transaction ID : SA11AI.6886**  
Amount of Each Receipt this Period  
41.67

**B. Marc L. Rovner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Persimmon Ln.  
City White Plains State NY Zip Code 10605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boehringer Ingelheim Occupation Vice President & General Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2013  
**Transaction ID : SA11AI.6916**  
Amount of Each Receipt this Period  
500.00

**C. Randy Sloan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46 Old Pine Drive  
City Manhasset State NY Zip Code 11030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lornamead, Inc. Occupation President and CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2013  
**Transaction ID : SA11AI.6903**  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1041.67  
**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 14 OF 16
<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"/>	<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. 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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2013

**Transaction ID : SA11AI.6908**

Amount of Each Receipt this Period  
500.00

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8150.08

**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6901**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**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. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

**JOHN A. BOEHNER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

**Transaction ID : SB23.6898**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. MATHESON FOR CONGRESS**

Mailing Address PO Box 521048  
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

Candidate Name

**JAMES D MATHESON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

**Transaction ID : SB23.6900**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

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
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Amount of Each Disbursement this Period

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

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

3000.00
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3000.00
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