

**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"/>	<input type="text" value="17381.33"/>	<input type="text" value="17381.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29320.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9325.64"/>	<input type="text" value="22443.78"/>
(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="38646.17"/>	<input type="text" value="39825.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11317.71"/>	<input type="text" value="12496.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27328.46"/>	<input type="text" value="27328.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	7416.78	11725.11
(ii) Unitemized	908.86	2218.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8325.64	13943.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	8500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9325.64	22443.78
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))..... ▶	9325.64	22443.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9325.64	22443.78

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	77.53	256.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	77.53	256.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11240.18	12240.18
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)) ..	11317.71	12496.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11317.71	12496.65

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)	9325.64	22443.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9325.64	22443.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	77.53	256.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	77.53	256.47

**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 22
<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 ▼ 500.00

Date of Receipt 06 / 19 / 2012
Transaction ID : SA11AI.6355

Amount of Each Receipt this Period 500.00

B. 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 ▼ 2000.00

Date of Receipt 05 / 18 / 2012
Transaction ID : SA11AI.6353

Amount of Each Receipt this Period 2000.00

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 ▼ 4000.00

Date of Receipt 06 / 21 / 2012
Transaction ID : SA11AI.6357

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 22
<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) A. John B. Ende		Date of Receipt MM / DD / YYYY 04 / 04 / 2012 Transaction ID : SA11AI.6349
Mailing Address 251 Doncaster Rd.		Amount of Each Receipt this Period 500.00
City Kenmore	State NY	Zip Code 14217-2109
FEC ID number of contributing federal political committee. C	Name of Employer The Mentholatum Company	Occupation Vice President, U.S. Sales & Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Deborah Ford		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6437
Mailing Address 5730 Park Drive		Amount of Each Receipt this Period 20.84
City Bowie	State MD	Zip Code 20715
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Project Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

Full Name (Last, First, Middle Initial) C. Deborah Ford		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : SA11AI.6438
Mailing Address 5730 Park Drive		Amount of Each Receipt this Period 20.84
City Bowie	State MD	Zip Code 20715
FEC ID number of contributing federal political committee. C	Name of Employer Consumer Healthcare Products	Occupation Project Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional).....▶	541.68
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 8 OF 22
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Deborah Ford
Full Name (Last, First, Middle Initial)
Mailing Address 5730 Park Drive
City Bowie State MD Zip Code 20715
FEC ID number of contributing federal political committee. **C**
Name of Employer Consumer Healthcare Products Occupation Project Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6439
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 ▼ 208.40

Date of Receipt 06 / 15 / 2012
Transaction ID : SA11AI.6420
Amount of Each Receipt this Period 20.84

C. 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 ▼ 229.24

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6421
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: PAGE 9 OF 22
(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. John Gay
 Full Name (Last, First, Middle Initial)
 Mailing Address 3180 N. Quincy St.
 City State Zip Code
 Arlington VA 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products Vice President, Government Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012
Transaction ID : SA11AI.6405
 Amount of Each Receipt this Period
 104.17

B. John Gay
 Full Name (Last, First, Middle Initial)
 Mailing Address 3180 N. Quincy St.
 City State Zip Code
 Arlington VA 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products Vice President, Government Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 312.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : SA11AI.6406
 Amount of Each Receipt this Period
 104.17

C. John Gay
 Full Name (Last, First, Middle Initial)
 Mailing Address 3180 N. Quincy St.
 City State Zip Code
 Arlington VA 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products Vice President, Government Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : SA11AI.6407
 Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.51
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 10 OF 22
(check only one)

<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. 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 ▼ 520.85

Date of Receipt 05 / 31 / 2012
Transaction ID : SA11AI.6408
Amount of Each Receipt this Period 104.17

B. 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 ▼ 625.02

Date of Receipt 06 / 15 / 2012
Transaction ID : SA11AI.6409
Amount of Each Receipt this Period 104.17

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 ▼ 729.19

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6410
Amount of Each Receipt this Period 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.51
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 22
<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) A. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : SA11AI.6402
Mailing Address 1921 N. Quaker Ln.		Amount of Each Receipt this Period 208.4
City Alexandria	State VA	Zip Code 22302
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 ▼ 208.40	

Full Name (Last, First, Middle Initial) B. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012 Transaction ID : SA11AI.6403
Mailing Address 1921 N. Quaker Ln.		Amount of Each Receipt this Period 208.4
City Alexandria	State VA	Zip Code 22302
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	

Full Name (Last, First, Middle Initial) C. Travis Gibbons		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012 Transaction ID : SA11AI.6404
Mailing Address 1921 N. Quaker Ln.		Amount of Each Receipt this Period 208.4
City Alexandria	State VA	Zip Code 22302
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 ▼ 250.08	

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 12 OF 22
	<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. 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 ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : SA11AI.6414
 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 ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.6415
 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 / 2012
Transaction ID : SA11AI.6416
 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: PAGE 13 OF 22
(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. 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 ▼ 1458.32

Date of Receipt 04 / 15 / 2012
Transaction ID : SA11AI.6387
 Amount of Each Receipt this Period 208.33

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 ▼ 1666.65

Date of Receipt 04 / 30 / 2012
Transaction ID : SA11AI.6388
 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 ▼ 1874.98

Date of Receipt 05 / 15 / 2012
Transaction ID : SA11AI.6389
 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.99
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 14 OF 22
(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. Scott M. Melville
 Full Name (Last, First, Middle Initial)
 Mailing Address 1596 Lupine Den Court
 City State Zip Code
 Vienna VA 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2083.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : SA11AI.6390
 Amount of Each Receipt this Period
 208.33

B. Scott M. Melville
 Full Name (Last, First, Middle Initial)
 Mailing Address 1596 Lupine Den Court
 City State Zip Code
 Vienna VA 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2291.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.6391
 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 State Zip Code
 Vienna VA 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consumer Healthcare Products President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2499.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6392
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.99
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 15 OF 22
(check only one)

<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)
A. Ted Peterson

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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2012

Transaction ID : SA11AI.6393

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Ted Peterson

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 ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : SA11AI.6394

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Ted Peterson

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 ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : SA11AI.6395

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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: PAGE 16 OF 22
(check only one)

<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)
A. Ted Peterson

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 ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : **SA11AI.6396**

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Ted Peterson

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 ▼ **458.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : **SA11AI.6397**

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Ted Peterson

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 M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : **SA11AI.6398**

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.01**

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: PAGE 17 OF 22
(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. Dan Quinonez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011-A Curtier Drive
 City Alexandria State VA Zip Code 22310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : SA11AI.6425
 Amount of Each Receipt this Period
 20.84

B. Dan Quinonez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011-A Curtier Drive
 City Alexandria State VA Zip Code 22310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation State Government 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 / 2012
Transaction ID : SA11AI.6426
 Amount of Each Receipt this Period
 20.84

C. Dan Quinonez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011-A Curtier Drive
 City Alexandria State VA Zip Code 22310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Healthcare Products Occupation State Government 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 / 2012
Transaction ID : SA11AI.6427
 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).....▶	7416.78

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

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

FOR LINE NUMBER: PAGE 18 OF 22
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. BAYPAC
Full Name (Last, First, Middle Initial)
Mailing Address Bayer Road
City Pittsburgh State PA Zip Code 15205
FEC ID number of contributing federal political committee. **C** C00155713
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2012
Transaction ID : SA11C.6352
Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2012

Transaction ID : SB21B.6382

Amount of Each Disbursement this Period

27.34

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2012

Transaction ID : SB21B.6383

Amount of Each Disbursement this Period

25.60

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address 1800 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : SB21B.6384

Amount of Each Disbursement this Period

24.59

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

77.53

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

77.53

**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. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement

Candidate Name

RICHARD A BERG

Office Sought: House Senate President

State: ND District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2012

Transaction ID : SB23.6377

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Tom Harkin

Office Sought: House Senate President

State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2012

Transaction ID : SB23.6360

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Consumer Healthcare Products Association

Mailing Address 900 19th Street, NW Suite 700

City Washington State DC Zip Code 20006

Purpose of Disbursement In-Kind payment to Rep. Diane Black (reimbursement)

Candidate Name

DIANE BLACK FOR CONGRESS

Office Sought: House Senate President

State: TN District: 06

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : SB23.6381

Amount of Each Disbursement this Period

740.18

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

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

3240.18

**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. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement

Candidate Name

DIANE L MRS. BLACK

Office Sought: House Senate President

State: TN District: 06

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : SB23.6378

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement

Candidate Name

JOHN BARRASSO

Office Sought: House Senate President

State: WY District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2012

Transaction ID : SB23.6376

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

ORRIN G HATCH

Office Sought: House Senate President

State: UT District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2012

Transaction ID : SB23.6363

Amount of Each Disbursement this Period

1500.00

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

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

5000.00

**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. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement

Candidate Name

JIM GERLACH

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	2

Transaction ID : SB23.6375

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

FRANK JR PALLONE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : SB23.6361

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Freedom Project/Friends of John Boehner (TFP-FOJB) Committee

Mailing Address 7908 Cincinnati-Dayton Rd.
Suite I-2

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

John Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	2

Transaction ID : SB23.6362

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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1	1	2	4	0	1	8	0	0	0
---	---	---	---	---	---	---	---	---	---