10/14/2010 15:51

Image# 10991322411

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Us	e Only	
Office 03		
	ZIPCOD	E 🛋
AMENDED (A)		
Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
neral (12G)	П	Runoff (12R)
ecial (12S)		(,
	in the State of	
noff (30R)	in the State of	Special (30S)
2010		
plete.		
10 14		2010

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT   Example: If typing, type over the lines
1		cts Association PAC (CHPA/PAC)
AD	DRESS (number and street)	900 19th Street, NW
	Check if different than previously reported. (ACC)	Suite 700  Washington  DC  20006  ———————————————————————————————
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY ♠ STATE ♠ ZIPCODE ♠
	C00040584	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(Q  July 15 Quarterly Report(Q  X October 15 Quarterly Report(Q  January 31 Quarterly Report(Y)  July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day Primary (12P) General (12G) Runoff (12R)  PRE-Election Report for the: Convention (12C) Special (12S)  Election on In the State of State of Special (30G) Runoff (30R) Special (30S)  Report for the: General (30G) Runoff (30R) Special (30S)
5.	Covering Period 0 7	7 01 2010 through 09 30 2010
	ertify that I have examined this R	Report and to the best of my knowledge and belief it is true, correct and complete.  Roman G. Blazauskas
Sig	nature of Treasurer Electro	nically Filed by Roman G. Blazauskas Date 1 0 1 4 2 0 1 0
NO	TE: Submission of false, error	neous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.
FE(	Office Use Only	FEC FORM 3X (Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 13

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Consumer Healthcare Products Association PAC (CHPA/PAC)

F	Report Covering the Period: From:	01 2010	To: 0 9 3 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		15343.75
	(b) Cash on Hand at Begining of Reporting Period	21861.55	
	(c) Total Receipts (from Line 19)	2791.69	9486.22
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24653.24	24829.97
7.	Total Disbursements (from Line 31)	17556.54	17733.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7096.70	7096.70
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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) 3 / 13

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees  (i) Itemized (use Schedule A)	291.69	5941.71
(ii) Unitemized	0.00	666.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	291.69	6608.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	2500.00	2500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2791.69	9108.39
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	377.83
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2791.69	9486.22
Total Federal Receipts     (subtract Line 18(c) from Line 19)	2791.69	9486.22

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	EC 54	222.27
	Expenditures(c) Total Operating Expenditures	56.54	233.27
	(add 21(a)(i), (a)(ii) and (b))	56.54	233.27
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	17500.00	17500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7-	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
	(444 2.1100 20(4), (2), 4.114 (0), 1.1111111		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(-) - 333/4/ 3/14/3	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17556.54	17733.27
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	17556.54	17733.27

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 13

	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)	2791.69	9108.39
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2791.69	9108.39
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	56.54	233.27
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	377.83
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	56.54	-144.56

FE6AN026

IT	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 6 / 13 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports an for commercial purposes, other than using	d Statements may not be s the name and address of a	sold or used by any pers any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Consumer Healthcare Products Ass	ociation PAC (CHPA	(PAC)	
<u>/_</u>	Full Name (Last, First, Middle Initial) Allen Segal			Date of Receipt
	Mailing Address 12324 Old Canal Ro	pad		07 06 YYYYY 02010
	City		Code	Transaction ID: SA11AI.5973
	Potomac	MD 208	354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Consumer Healthcare Prod. Assc	Occupation Director, Federa	l Affairs	
	Receipt For:	Aggregate Year-to-		
	Primary General Other (specify) ▼		458.37	
	Full Name (Last, First, Middle Initial) Allen Segal			Date of Receipt
	Mailing Address 12324 Old Canal Ro	oad		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	-	Code	Transaction ID: SA11AI.5974
	Potomac	MD 208	354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Consumer Healthcare Prod. Assc	Occupation Director, Federa	I Affairs	
	Receipt For:	Aggregate Year-to-	Date ▼	
	Primary ☐ General Other (specify) ▼	0 0 0 0	541.71	
	Full Name (Last, First, Middle Initial) Allen Segal	<u> </u>		Date of Receipt
	Mailing Address 12324 Old Canal Ro	pad		09 / 01 / Y Y Y Y Y
	City	·	Code	Transaction ID: SA11AI.5975
	Potomac	MD 208	354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Consumer Healthcare Prod. Assc	Occupation Director, Federa	I Affairs	
	Receipt For:	Aggregate Year-to-	Date ▼	
	Primary General Other (specify) ▼		625.05	
Г	UBTOTAL of Receipts This Page (optional			208.35

A.

В.

Receipt For:

Primary

Other (specify)

General

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

PAGE 7/13 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Date of Receipt Allen Segal Mailing Address 12324 Old Canal Road 09 17 2010 City State Zip Code Transaction ID: SA11AI.5976 Potomac MD 20854 Amount of Each Receipt this Period FEC ID number of contributing 41.67 C federal political committee. Name of Employer Consumer Healthcare Prod. Occupation Director, Federal Affairs Assc Receipt For: Aggregate Year-to-Date General Primary 666.72 Other (specify) Full Name (Last, First, Middle Initial) Allen Segal Date of Receipt Mailing Address 12324 Old Canal Road 0 9 28 2010 City State Zip Code Transaction ID: SA11AI.5977 **Potomac** MD 20854 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Consumer Healthcare Prod. Occupation Director, Federal Affairs <u>Assc</u>

SUBTOTAL of Receipts This Page (optional)	•	83.34
TOTAL This Period (last page this line number only)	<b>•</b>	291.69

Aggregate Year-to-Date

708.39

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 / 13
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b X 11c 12  13 14 15 16 17
	ny information copied from such Reports and Statements for commercial purposes, other than using the name an		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)		
$\rangle$	Consumer Healthcare Products Association P	AC (CHPA/PAC)	
	Full Name (Last, First, Middle Initial) PFIZER INC. PAC		Date of Receipt
	Mailing Address 235 EAST 42ND STREET		07 02 7 2010
	City Stat	e Zip Code	Transaction ID: SA11C.5931
	NEW YORK NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C00016683	2500.00
	Name of Employer Occu	oation	PAC Contribution to CHPA PAC
	Receipt For:  Primary  General  Other (specify)	egate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	2500.00

A.

В.

# SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 9/13 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5979 Wachovia Bank Date of Disbursement 10 0 8 2010 Mailing Address 1800 K Street, NW City State Zip Code Amount of Each Disbursement this Period Washington DC 20006 18.96 Purpose of Disbursement Commercial Service Charges for July 2010 001 Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5980 Wachovia Bank Date of Disbursement 10 0 9 2010 Mailing Address 1800 K Street, NW City State Zip Code Amount of Each Disbursement this Period 20006 Washington DC 19.06 Purpose of Disbursement Commercial Service Charges for August 2010 001 Candidate Name Category/ Туре Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	38.02
		20.00
TOTAL This Period (last page this line number only)		38.02

Primary

Other (specify)

State:

ITI			arate schedule(s)	FOR LINE	v ono)
	EMIZED DISBURSEMENT	for each	category of the Summary Page	(check only 21b 27	y one) 22   X   23   24   25   28a   28b   28c   29   3
	r Information copied from such Reports a or commercial purposes, other than using				
$\setminus$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products As				
	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO				Transaction ID: SB23.5926 Date of Disbursement
	Mailing Address PO BOX 3078				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & D & T & G \end{bmatrix}$
	City DENVER	State CO	Zip Code 80201		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name			011	2000.00
	MICHAEL F BENNET	Disbursement For:	2010	Category/ Type	
	X Senate President	X Primary Other (spe	General		
	State: CO District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF DAVE REICHERT				Transaction ID: SB23.5941 Date of Disbursement
	Mailing Address P. O. Box 53322				08 0 3 7 2 0 1 0
	City	Ctoto	Zip Code		Amount of Fook Dickurs amount this Davis
	City Bellevue	State WA	98015		Amount of Each Disbursement this Period
				011	1000.00
	Bellevue			011 Category/ Type	
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate President		98015  2010  General	Category/	
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate	Disbursement For:  X Primary Other (spe	98015  2010  General	Category/	
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate President State: WA District: 08  Full Name (Last, First, Middle Initial)	Disbursement For:  X Primary Other (spe	98015  2010  General	Category/	1000.00  Transaction ID: SB23.5944
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate President State: WA District: 08  Full Name (Last, First, Middle Initial) FRIENDS OF JASON CHAFFETZ	Disbursement For:  X Primary Other (spe	98015  2010  General	Category/	Transaction ID: SB23.5944 Date of Disbursement  M 9 M / D 1 6 / Y Y Y O Y O Y  Amount of Each Disbursement this Perior
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate President State: WA District: 08  Full Name (Last, First, Middle Initial) FRIENDS OF JASON CHAFFETZ  Mailing Address 315 Westfield Ci  City Alpine Purpose of Disbursement	Disbursement For:  X Primary Other (specification)	98015  2010 General ecify) ▼	Category/ Type	Transaction ID: SB23.5944 Date of Disbursement  M 9 M / D 1 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate President State: WA District: 08  Full Name (Last, First, Middle Initial) FRIENDS OF JASON CHAFFETZ  Mailing Address 315 Westfield Ci  City Alpine Purpose of Disbursement  Candidate Name JASON CHAFFETZ	Disbursement For:  X Primary Other (spe	98015  2010 General ecify) ▼  Zip Code 84004	Category/ Type	Transaction ID: SB23.5944 Date of Disbursement  M 9 M / D 1 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Bellevue Purpose of Disbursement  Candidate Name DAVE REICHERT  Office Sought: X House Senate President State: WA District: 08  Full Name (Last, First, Middle Initial) FRIENDS OF JASON CHAFFETZ  Mailing Address 315 Westfield Ci  City Alpine Purpose of Disbursement  Candidate Name	Disbursement For:  X Primary Other (specification)	2010 General ecify) ▼  Zip Code 84004  2010 X General	Category/ Type  011 Category/	Transaction ID: SB23.5944 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check on	E NUMBER: PAGE 11 / 13
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 28 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Consumer Healthcare Products Associat	ion PAC (CHPA/PAC)		
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC			Transaction ID: SB23.5953 Date of Disbursement
Mailing Address PO BOX 1000			09 7 30 7 2010
City DES MOINES	State Zip Code IA 50304		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name CHARLES E SENATOR GRASSLEY		Category/ Type	
X Senate President	sement For: 2010 Primary X General Other (specify)		
State: IA District: 00  Full Name (Last, First, Middle Initial)			
Larsen for Congress			Transaction ID: SB23.5956 Date of Disbursement
Mailing Address P.O. Box 326			09 7 30 7 2010
City Everett	State Zip Code WA 98206		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name RICHARD RAY LARSEN		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)	•	
State: WA District: 02  Full Name (Last, First, Middle Initial)  PEOPLE FOR PATTY MURRAY			Transaction ID: SB23.5938 Date of Disbursement
Mailing Address PO BOX 3662			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ & 2 & 0 & 1 & 0 \end{smallmatrix}$
City SEATTLE	State Zip Code WA 98124		Amount of Each Disbursement this Period
Purpose of Disbursement	W// 30124	011	1500.00
Candidate Name PATTY MURRAY		Category/ Type	
X Senate President	sement For: 2010  X Primary General  Other (specify)	1 /6-	
State: WA District: 00			
SUBTOTAL of Disbursements This Page (optiona	)		6000.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(	s) FOR LINE (check onli		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	
Any Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  Consumer Healthcare Products Associa	ame and address of any politic			
Full Name (Last, First, Middle Initial)				
RICHARD BURR COMMITTEE; THE			Transaction ID: SB23.5950 Date of Disbursement	
Mailing Address POST OFFICE BOX 5		09 7 30 7 2010		
City WINSTON-SALEM	State Zip Code NC 27113		Amount of Each Disbursement this Perio	
Purpose of Disbursement		011	2500.00	
Candidate Name RICHARD BURR		Category/ Type		
χ Senate President	rsement For: 2010 Primary X Genera Other (specify)	ı		
State: NC District: 00  Full Name (Last, First, Middle Initial)  ROGERS FOR CONGRESS			Transaction ID: SB23.5959 Date of Disbursement	
Mailing Address PO Box 581			0 9	
Post Office Box 581  City Brighton	State Zip Code MI 48116		Amount of Each Disbursement this Perio	
Purpose of Disbursement	10110	011	2000.00	
Candidate Name MICHAEL J ROGERS		Category/ Type		
Office Sought:  X House Senate President State: MI District: 08	rsement For: 2010 Primary X Genera Other (specify) ▼	1		
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US			Transaction ID: SB23.5933 Date of Disbursement	
Mailing Address P.O. Box 490			08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
City St. Joseph	State Zip Code MI 49085		Amount of Each Disbursement this Perio	
Purpose of Disbursement		011	1000.00	
Candidate Name FREDERICK STEPHEN UPTON		Category/ Type		
Office Sought:  X House Senate President Disbut	rsement For: 2010  X Primary Genera  Other (specify)	ı		
State: MI District: 06				

IT	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using the		, , ,	' '
$\rangle$	NAME OF COMMITTEE (In Full) Consumer Healthcare Products Asso	ociation PAC (CHPA/PAC)		
	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COM Mailing Address P.O. BOX 391	IMITTEE		Transaction ID: SB23.5947 Date of Disbursement
	City HOPKINSVILLE Purpose of Disbursement	State Zip Code KY 42241	011	Amount of Each Disbursement this Period 2000.00
	Candidate Name ED WHITFIELD		Category/ Type	
	Office Sought:  X House Senate President State: KY District: 01	sbursement For: 2010 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)		2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	17500.00