FEC FORM 3X	AN	ID DISI	OF REC BURSEI An Authori	MENTS		(Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING		Example:If typi over the lines	ng, type			
Consumer Healthc	are Products As		(CHPA/PAC)					
ADDRESS (number and	street)	00 19th Street,	NW					
Check if differ		uite 700						
than previousl reported. (ACC	У I W							
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛦		S	TATE	ZIPCOD	e 🔺
C00040584			3. IS THI REPO		NEW (N) OR	AME (A)	NDED	
4. TYPE OF REPO (Choose One) (a) Quarterly Rep	orts:	(b) Monthly Report Due On:	Feb 20 (I Mar 20 (I Apr 20 (N	M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 Sep 20 Oct 20) (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
X Quarterly July 15 Quarterly October Quarterly January 3	rterly Report(Q1) 15 (c) rterly Report(Q2) bber 15 rterly Report(Q3) uary 31 rterly Report(YE) 31 Mid-Year ort(Non-election Conly) (MY) nination Report	PRE-I	y Election t for the: Election on	Primary (1 Conventior		General (12 Special (12		Runoff (12R)
Report(N Year Only		Post	y -Election t for the: Election on	General (3	0G)	Runoff (30F	R) in the State of	Special (30S)
5. Covering Period	01	01	2009	through	03	31	2009	
I certify that I have exam			st of my knowled	lge and belief it	is true, correct a	nd complete.		
Type or Print Name of T	reasurer	Andrew Fish						
Signature of Treasurer	Electronically	y Filed by Ar	drew Fish		Da	ate 04	13	2009
NOTE : Submission of f	alse, erroneous	, or incomplete	information may	v subject the pe	rson signing this	Report to the p	enalties of 2 U.S	.C 437g.
Office Use Only							Rev. 12/2004	

SUMMARY PAGE

FEC	Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	e Committee Name er Healthcare Products Asso	ciation PAC (CHPA/PAC)	
Report Cover	ing the Period: From:	M M D D Y Y W Y 0 1 0 1 2 0 0 9	To: D D D 2009
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
()	on Hand anuary 1 Ž009 ^{Y Y}		9809.93
. ,	on Hand at ing of Reporting Period	9809.93	
(c) Total I	Receipts (from Line 19)	750.02	750.02
(d) Subto	tal (add lines 6(b) and		
	or Column A and Lines nd 6(c) for Column B)	10559.95	10559.95
7. Total Disbu	ursements (from Line 31)	78.40	78.40
8. Cash on Ha	and at Close of		
Reporting F (subtract Li	Period ine 7 from Line 6(d))	10481.55	10481.55
	Obligations owed TO tee (Itemize all on		-
Schedule C	C and/or Schedule D)	0.00	
	Obligations owed BY tee (Itemize all on		_
	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

FE6AN026

DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Consumer Healthcare Products Association PAC (CHPA/PAC) 0^D1 3^D1 01 D ^м м 0 3 Μ D 2009 2009 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 583.34 583.34 (i) Itemized (use Schedule A) 166.68 166.68 (ii) Unitemized (iii) TOTAL (add 750.02 750.02 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 750.02 750.02 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 750.02 750.02 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 750.02 750.02 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating		
Expenditures (c) Total Operating Expenditures	78.40	78.40
(add 21(a)(i), (a)(ii) and (b)) 🕨	78.40	78.40
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	0.00	0.00
 Independent Expenditure (use Schedule E) 	0.00	0.00
 Coordinated Expenditures Made by Party 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
 Evals Made 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
9. Other Disbursements	0.00	0.00
 6. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	78.40	78.40
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	750.02	750.02
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	750.02	750.02
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	78.40	78.40
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	78.40	78.40

FE6AN026

Detailed Summary Page X 11a 11b 11c 12 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Address 12324 Old Canal Road Date of Receipt City State Zip Code Patomac MD 20854 Name of Employer Occupation Director, Federal Affairs Receipt For: Qargegate Year-to-Date ▼ 208.06 Primary General Occupation Director, Federal Affairs Agregate Year-to-Date ▼ 20.0.9 Transaction ID: SA11AL.5713 Amount of Each Receipt Initial) Agregate Year-to-Date ▼ 12.0.0.9 City State Zip Code Transaction ID: SA11AL.5713 Adlen Segal Mailing Address 12324 Old Canal Road Director, Federal Affairs Receipt For: Other (specify) ▼ 20.0.9 Transaction ID: SA11AL.5713 Amount of Each Receipt Initial) Agregate Year-to-Date ▼ 12.0.0.9 Transaction ID: SA11AL.5713 Amount of Each Receipt Initialia Mileing Address		SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 / 6 (check only one)		
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) Maling Address 12324 Old Canal Road City State Patrima (Last, First, Middle Initial) Maling Address 12324 Old Canal Road Marme of Employer City State Patronac Marme of Employer Other (specify) City State Patronac Marme of Employer Other (specify) City State Zip Code Paycheck Deduction Paycheck Deduction <th></th> <th></th> <th></th> <th></th>						
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