

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 Consumer Healthcare Products Association

ADDRESS (number and street) **1150 Connecticut Avenue, N.W.**
12th Floor
 Check if different than previously reported. (ACC) **Washington DC 20036**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00040584 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Election on Convention (12C) Special (12S)
 in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 01 01 2001 through 06 30 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Kevin Kraushaar
 Signature of Treasurer Electronically Filed by Mr. Kevin Kraushaar Date 07 31 2001

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Consumer Healthcare Products Association

Report Covering the Period: From: ^h 0 1 ^d 0 1 ^y 2 0 0 1 To: ^h 0 6 ^d 3 0 ^y 2 0 0 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 1		9724.48
(b) Cash on Hand at Beginning of Reporting Period	9724.48	
(c) Total Receipts (from Line 19)	16450.00	16450.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26174.48	26174.48
7. Total Disbursements (from Line 30)	15001.42	15001.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11173.06	11173.06
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	

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 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Consumer Healthcare Products Association

Report Covering the Period: From: ^W01 ^D01 ^Y2001 To: ^W06 ^D30 ^Y2001

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)	10800.00	
(ii) Unitemized	3650.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14450.00	14450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	16450.00	16450.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	16450.00	16450.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	16450.00	16450.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1.42	1.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1.42	1.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	15001.42	15001.42
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	15001.42	15001.42
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	16450.00	16450.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	16450.00	16450.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1.42	1.42
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1.42	1.42

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

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

FOR LINE NUMBER: PAGE 5 / 19

(check only one)

11a 11b 11c 12
 13 14 15 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

Full Name (Last, First, Middle Initial)

A. Ms. T. Rosie Albright

Mailing Address

85 Mayapple Road

City

Stamford

State

CT

Zip Code

06905

Date of Receipt

N M / D E / Y Y Y Y
03 / 13 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Carter-Wallace

Occupation

Vice President

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.4122

Full Name (Last, First, Middle Initial)

B. Mr. Christopher Allen

Mailing Address

88 Alder Lane

City

Bernards Township

State

NJ

Zip Code

07920

Date of Receipt

N M / D E / Y Y Y Y
04 / 18 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Bayer

Occupation

Vice President

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4136

Full Name (Last, First, Middle Initial)

C. Mr. David Arah

Mailing Address

4 Oak Court

City

Oak Brook

State

IL

Zip Code

60525

Date of Receipt

N M / D E / Y Y Y Y
05 / 24 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Bilstex

Occupation

Chairman

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.4154

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

11a 11b 11c 12
 13 14 15 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

Full Name (Last, First, Middle Initial)

A. Ms. Eve Bachrach

Mailing Address

3225 Grace Street, NW #213

City State Zip Code

Washington DC 20007

Date of Receipt

N M / D E / Y Y Y Y
03 / 07 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
CHPA

Occupation
Senior Vice President, General Counsel

Receipt For: 2002
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Transaction ID: SA11A1.4118

Full Name (Last, First, Middle Initial)

B. Mr. Richard Green

Mailing Address

350 Hampton Place

City State Zip Code

Hinsdale IL 60521

Date of Receipt

N M / D E / Y Y Y Y
05 / 24 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Blistex

Occupation
President

Receipt For: 2002
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Transaction ID: SA11A1.4152

Full Name (Last, First, Middle Initial)

C. Mr. Zen Query

Mailing Address

503 Holly Hill

City State Zip Code

Lookout Mountain TN 37350

Date of Receipt

N M / D E / Y Y Y Y
05 / 31 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Chatham, Inc.

Occupation
Chairman & CEO

Receipt For: 2002
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Transaction ID: SA11A1.4190

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

11a 11b 11c 12
 13 14 15 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

Full Name (Last, First, Middle Initial)

A. Mr. Timothy Hayes

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 4 / 1 6 / 2 0 0 1

4 Birdsong Court

City State Zip Code

Chester NJ 07930

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Bayer Senior Vice President

Receipt For: 2002 Aggregate Year-to-Date ▼

Primary General 250.00
Other (specify) ▼

Transaction ID: SA11A1.4140

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey Himmel

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 4 / 2 7 / 2 0 0 1

125 East 72nd Street

City State Zip Code

New York NY 10021

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Occupation
Himmel Pharmaceuticals Chairman & CEO

Receipt For: 2002 Aggregate Year-to-Date ▼

Primary General 1000.00
Other (specify) ▼

Transaction ID: SA11A1.4126

Full Name (Last, First, Middle Initial)

C. Charles Hinkley

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 6 / 1 2 / 2 0 0 1

250 Southdown Road

City State Zip Code

Lloyd Harbor NY 11743

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation
Del Labs President

contribution

Receipt For: 2002 Aggregate Year-to-Date ▼

Primary General 300.00
Other (specify) ▼

Transaction ID: SA11A1.4219

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

11a 11b 11c 12
 13 14 15 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

Full Name (Last, First, Middle Initial)

A. Mr. Daniel Johnson

Mailing Address

1 John Applegate Road

City

State

Zip Code

Redding

CT

06896

Date of Receipt

N M / D E / Y Y Y Y
03 / 13 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Combe, Inc.

Occupation

Senior Vice President & Secretary

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: SA11A1.4120

Full Name (Last, First, Middle Initial)

B. Mr. Joseph Knipper

Mailing Address

733-B Mt. Vernon Road

City

State

Zip Code

Monroe Township

NJ

08831

Date of Receipt

N M / D E / Y Y Y Y
04 / 27 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
J.K. Pharmaceuticals

Occupation

President

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: SA11A1.4128

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Kraushaar

Mailing Address

16290 Bellingham Drive

City

State

Zip Code

Germantown

MD

20874

Date of Receipt

N M / D E / Y Y Y Y
01 / 05 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
CHPA

Occupation

VP-Gov't Relations

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: SA11A1.4113

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 19	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Patrick Lonergan

Mailing Address
165 Northfield Avenue
City Edison State NJ Zip Code 08837

Date of Receipt
M / D / Y
06 / 12 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: NUMARK Labs Occupation: Partner, President contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4215

Full Name (Last, First, Middle Initial)
B. Mr. Michael Mevas

Mailing Address
507 Summers Court
City Alexandria State VA Zip Code 22301

Date of Receipt
M / D / Y
05 / 24 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: CHPA Occupation: President

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4156

Full Name (Last, First, Middle Initial)
C. Mr. Terence Stecz

Mailing Address
77 Meeker Road
City Basking Ridge State NJ Zip Code 07920

Date of Receipt
M / D / Y
04 / 16 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: Pharmacia & Upjohn Occupation: President

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4124

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
Mr. Michael Valentino

Mailing Address
3 Reservoir Drive

City State Zip Code
Morristown NJ 07960

Date of Receipt
M / D / Y
06 / 15 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation contribution
Novartis Consumer Health, Inc. President

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General
Other (specify) ▼

1000.00

Transaction ID: SA11A1.4229

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	10800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 11 / 19		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

Full Name (Last, First, Middle Initial)
A. SMITHKLINE BEECHAM POLITICAL ACTION COMMITTEE (SB-PAC)

Mailing Address
ONE FRANKLIN PLAZA, PO BOX 7829

City State Zip Code
PHILADELPHIA PA 19101

Date of Receipt
M / D / Y Y Y Y
05 / 15 / 2001

FEC ID number of contributing federal political committee. C00009928

Amount of Each Receipt this Period 2000.00

Name of Employer Occupation

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 2000.00
Other (specify) ▼

Transaction ID: SA11C.4158

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

**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)

PAGE 12 / 19

<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				

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

Full Name (Last, First, Middle Initial) A. ADAM PUTNAM COMMITTEE-2002		Date of Disbursement 02 / 26 / 2001	
Mailing Address PO BOX 2426 City: BARTOW State: FL Zip Code: 33831		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 12	Transaction ID: SB23.4181		

Full Name (Last, First, Middle Initial) B. BARRETT FOR WISCONSIN		Date of Disbursement 03 / 21 / 2001	
Mailing Address 7720 ROGERS AVENUE City: WAUWATOSA State: WI Zip Code: 53213		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WI District: 05	Transaction ID: SB23.4189		

Full Name (Last, First, Middle Initial) C. CITIZENS FOR COCHRAN		Date of Disbursement 06 / 19 / 2001	
Mailing Address PO BOX 7183 City: TUPELO State: MS Zip Code: 38802		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MS District: 00	Transaction ID: SB23.4259		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

PAGE 13 / 19

<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				

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

Full Name (Last, First, Middle Initial) A. CITIZENS FOR HARKIN		Date of Disbursement 05 / 07 / 2001	
Mailing Address P O BOX 811 City DES MOINES State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IA District: 00	Transaction ID: SB23.4186		

Full Name (Last, First, Middle Initial) B. CONGRESSMAN BART GORDON COMMITTEE		Date of Disbursement 05 / 01 / 2001	
Mailing Address P O BOX 2008 City MURFREESBORO State TN Zip Code 37133		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TN District: 06	Transaction ID: SB23.4182		

Full Name (Last, First, Middle Initial) C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE		Date of Disbursement 06 / 28 / 2001	
Mailing Address 8885 WILSHIRE BLVD #220 City BEVERLY HILLS State CA Zip Code 90211		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name CONGRESSMAN WAXMAN CAMPAIGN COMM		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CA District: 28	Transaction ID: SB23.4283		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

PAGE 14 / 19

21b 22 23 24 25
 26 27 28a 28b 28c 29

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

Full Name (Last, First, Middle Initial) A. EHRlich FOR CONGRESS COMMITTEE		Date of Disbursement 04 / 26 / 2001
Mailing Address 1301 YORK RD SUITE 705 City LUTHERVILLE State MD Zip Code 21093		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.4180		

Full Name (Last, First, Middle Initial) B. FRIENDS FOR CLIFF STEARNS		Date of Disbursement 04 / 03 / 2001
Mailing Address PO BOX 308 City SILVER SPRINGS State FL Zip Code 32688		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.4176		

Full Name (Last, First, Middle Initial) C. GENE GREEN CONGRESSIONAL CAMPAIGN		Date of Disbursement 02 / 28 / 2001
Mailing Address PO BOX 1812B City HOUSTON State TX Zip Code 77222		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.4163		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

PAGE 15 / 19

<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				

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

Full Name (Last, First, Middle Initial) A. HUTCHINSON FOR SENATE			Date of Disbursement 03 / 05 / 2001	
Mailing Address PO BOX 998 City: ROGERS State: AR Zip Code: 72757			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: AR District: 00		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.4167				

Full Name (Last, First, Middle Initial) B. HUTCHINSON FOR SENATE			Date of Disbursement 04 / 02 / 2001	
Mailing Address PO BOX 998 City: ROGERS State: AR Zip Code: 72757			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: AR District: 00		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.4173				

Full Name (Last, First, Middle Initial) C. Jim Hendren for Congress			Date of Disbursement 06 / 19 / 2001	
Mailing Address 1607 Highway 72 SE City: Gravette State: AR Zip Code: 72736			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name Jim Hendren for Congress			Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR District: 3		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.4288				

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

PAGE 18 / 19

<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				

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

Full Name (Last, First, Middle Initial) A. JOHN D DINGELL FOR CONGRESS COMMITTEE		Date of Disbursement 03 / 05 / 2001
Mailing Address 607 FOURTEENTH STREET NW City: WASHINGTON State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Transaction ID: SB23.4185		

Full Name (Last, First, Middle Initial) B. NANCY LEE JOHNSON		Date of Disbursement 06 / 11 / 2001
Mailing Address 141 SOUTH MOUNTAIN DRIVE City: NEW BRITAIN State: CT Zip Code: 06052		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 06	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Transaction ID: SB23.4244		

Full Name (Last, First, Middle Initial) C. MIKE BILIRAKIS FOR CONGRESS		Date of Disbursement 05 / 01 / 2001
Mailing Address P O BOX 1077 City: TARPON SPRINGS State: FL Zip Code: 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Transaction ID: SB23.4184		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

PAGE 17 / 19

<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				

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

Full Name (Last, First, Middle Initial) A. NATHAN DEAL FOR CONGRESS		Date of Disbursement 04 / 03 / 2001	
Mailing Address P O BOX 902 City: GAINESVILLE State: GA Zip Code: 30503		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.4174	

Full Name (Last, First, Middle Initial) B. NORWOOD FOR CONGRESS		Date of Disbursement 06 / 29 / 2001	
Mailing Address CLAUSSEN ROAD PO BOX 489 City: AUGUSTA State: GA Zip Code: 30907		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.4188	

Full Name (Last, First, Middle Initial) C. PICKERING FOR CONGRESS		Date of Disbursement 06 / 15 / 2001	
Mailing Address PO BOX 6440 City: LAVROL State: MS Zip Code: 39441		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.4247	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

PAGE 18 / 19

<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				

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

Full Name (Last, First, Middle Initial) A. TEXANS FOR HENRY BONILLA			Date of Disbursement 03 / 26 / 2001	
Mailing Address PO BOX 17292 City: SAN ANTONIO State: TX Zip Code: 78217			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.4171				

Full Name (Last, First, Middle Initial) B. TIM JOHNSON FOR SOUTH DAKOTA INC			Date of Disbursement 06 / 25 / 2001	
Mailing Address PO BOX 1859 City: SIOUX FALLS State: SD Zip Code: 57101			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.4262				

Full Name (Last, First, Middle Initial) C. TORRICELLI FOR U S SENATE INC			Date of Disbursement 04 / 16 / 2001	
Mailing Address 1300 CONNECTICUTT AVE NW SUITE 600 City: WASHINGTON State: DC Zip Code: 20036			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement contribution Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.4178				

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

PAGE 19 / 19

<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

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

Full Name (Last, First, Middle Initial) A. DAVID J WELDON		Date of Disbursement 06 / 11 / 2001	
Mailing Address 1602 WILLARD RD NW City: PALM BAY State: FL Zip Code: 32907		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Transaction ID: 5B23.4237	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	15000.00