

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 14 A 10:01

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Consumer Healthcare Products Association PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 Connecticut Avenue, N.W.	2. FEC IDENTIFICATION NUMBER C00040584
CITY, STATE and ZIP CODE Washington, D.C. 20036	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

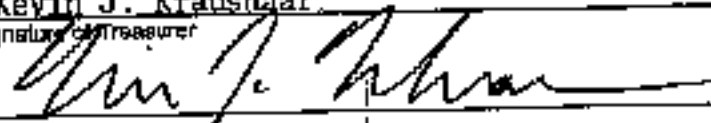
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/00</u> through <u>6/30/00</u>		
6. (a) Cash on Hand January 1, 1999 <u>2000</u>		\$ 17,251.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 9,426.68	
(c) Total Receipts (from Line 10)	\$ 14,655.00	\$ 20,080.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,081.68	\$ 37,331.68
7. Total Disbursements (from Line 30)	\$ 10,000.00	\$ 23,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,081.68	\$ 14,081.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 399 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Kevin J. Kraushaar

Signature of Treasurer



Date

7/14/00

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

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FEC FORM 3X
(revised 9/99)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Consumer Healthcare Products Association		REPORT COVERING PERIOD FROM 4/1/00 TO: 6/30/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		13,775.00	13,725.00
ii. Unitemized		880.00	1,355.00
iii. Total	(add i and ii) >	14,655.00	20,080.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions	(add a ii, b and c) >	14,655.00	20,080.00
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.)		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 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,655.00	20,080.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	14,655.00	20,080.00
II. Disbursements			
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		0.00	0.00
c. Total Operating Expenditures	(add a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		10,000.00	23,250.00
24. Independent Expenditures (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. Individual/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 a, b and c) >	0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,000.00	23,250.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	10,000.00	23,250.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		14,655.00	20,080.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		14,655.00	20,080.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 a 1.

CONTRIBUTIONS FROM INDIVIDUALS

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Corinne Guttman 4425 35th Street, N.W. Washington, DC 20008	Consumer Healthcare Products Association Occupation: Vice President	4/5/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ian Spinks 12 Warnke Lane Scarsdale, NY 10583-3114	Bayer Corporation Occupation: Vice President	4/7/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Allen 86 Alder Lane Bernards Township, NJ 07840	Bayer Corporation Occupation: Senior Vice President	4/7/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Hayes 4 Birdsong Court Chester, NJ 07930	Bayer Corporation Occupation: Senior Vice President	4/7/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. William VanderHaar P.O. Box 99 Brookside, NJ 07926	Bayer Corporation Occupation: Vice President	4/7/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Donahoe 5 Colby Farm Road Chester, NJ 07930	Bayer Corporation Occupation: Vice President	4/7/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Balkema 15 West Road Mahwah, NJ 07430	Bayer Corporation Occupation: President	4/7/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

\$ 1,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (in Full)

Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Girard Smith 11 Hall Avenue Larchmont, NY 10538	Bayer Corporation	4/7/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		Aggregate Year-to-Date > \$ 200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Lonergan 75 Mayfield Avenue Edison, NJ 08837	NUMARK Labs	4/11/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > \$ 1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Mister 8132 Buckpark Lane East Potomac, MD 20854	Consumer Healthcare Products Association	4/11/00	\$ 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Pres & Asst. GC		Aggregate Year-to-Date > \$ 250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Arch 4 Oak Court Oak Brook, IL 60523	Blistex	4/20/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman		Aggregate Year-to-Date > \$ 500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Robert Brouse 47176 Middle Bluff Place Potomac Falls, VA 20165	Consumer Healthcare Products Association	4/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		Aggregate Year-to-Date > \$ 250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy Sloan 46 Old Pine Drive Manhasset, NY 11030-2010	Del Pharmaceuticals	4/20/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		Aggregate Year-to-Date > \$ 200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. William Reid 52 Cove Road Moorestown, NJ 08057	Del Pharmaceuticals	4/20/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		Aggregate Year-to-Date > \$ 200.00

SUBTOTAL of Receipts This Page (optional)

\$ 2,475.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 a i.

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NAME OF COMMITTEE (in Full)

Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Jones 15 Monomoy Road HarwichPort, MA 02646	Del Pharmaceuticals	4/20/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Hinkaty 250 Southdown Road Lloyd Harbor, NY 11743	Del Pharmaceuticals	4/20/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Downing 122 Morgan Street, Apt. 319 Stamford, CT 06905	Medtech	4/27/00	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robb McKeon 2 Adams Farm Road Westport, CT 06880	Medtech	4/27/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Vice President	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Thome 4 Richard Lane Huntington, NY 11743	Medtech	4/27/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President-Operations	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ingrid Ryan 134 Nod Road Ridgefield, CT 06877	Medtech	4/27/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President-Sales	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Manwaring 7909 St. Martins Lane Philadelphia, PA 19118	Medtech	4/27/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President-Marketing	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

\$ 1,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 a. i.

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Thomas Block 257 Cornelison Avenue Jersey City, NJ 07302	Name of Employer Block Drug	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$ 750.00
	Occupation President Aggregate Year-to-Date > \$ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code James Block 257 Cornelison Avenue Jersey City, NJ 07302	Name of Employer Block Drug	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$ 750.00
	Occupation Chairman Aggregate Year-to-Date > \$ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code John Peters 59 Addison Drive Basking Ridge, NJ 07920	Name of Employer Block Drug	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$ 300.00
	Occupation Senior Vice President Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Frank Sena 369 Avenue T Brooklyn, NY 11223	Name of Employer Block Drug	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$ 200.00
	Occupation Vice President Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Patricia DeSouza 901 W. Nolcrest Drive Silver Spring, MD 20903	Name of Employer Consumer Healthcare Products Association	Date (month, day, year) 5/12/00	Amount of Each Receipt this Period \$ 200.00
	Occupation Senior Vice President Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Terrence Stecz 77 Meeker Road Basking Ridge, NJ 07920	Name of Employer Pharmacia & Upjohn	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period \$ 1,000.00
	Occupation President Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code T. Rosie Albright 85 Mayapple Road Stamford, CT 06905	Name of Employer Carter-Wallace	Date (month, day, year) 5/24/00	Amount of Each Receipt this Period \$ 1,000.00
	Occupation Vice President Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 4,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael D. Maves 507 Summers Court Alexandria, VA 22301	Consumer Healthcare Products Association	5/24/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. Brooks Cole 10434 Maple Leaf Drive Lawrenceville, NJ 08648	U.S. Dermatologics	5/24/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President/CEO	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Zan Querry 503 Holly Hill Lookout Mountain, NJ 37350	Chatten	6/6/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chariman/CEO	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Blinn 10279 Stablehand Cincinnati, OH 45242	Procter & Gamble	6/14/00	\$ 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 800.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas Bierer 5750 Drewry Farm Lane Cincinnati, OH 45243	Procter & Gamble	6/14/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, R & D	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
			\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$ 4,000.00

TOTAL This Period (last page this line number only)

\$ 13,775.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

CONTRIBUTIONS TO FEDERAL CANDIDATES

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Committee to Re-elect Ed Towns 442 New Jersey Avenue, S.E. Washington, D.C. 20003	E. Towns, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Dan Burton for Congress Committee P.O. Box 50593 Indianapolis, IN 46250	D. Burton, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/00	\$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Coble for Congress 338 North Elm Street, #204A Greensboro, NC 27402	H. Coble, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Hatch Election Committee P.O. Box 112398 Salt Lake City, UT 84147	O. Hatch, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Robb for Senate P.O. Box 2000 McLean, VA 22101	C. Robb, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/00	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Hutchinson for Senate P.O. Box 998 Rogers, AR	T. Hutchinson, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/00	\$ 1,000.00
G. Full Name, Mailing Address and ZIP Code Pickering for Congress 605 Upland Place Alexandria, VA 22301	E. Pickering, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/00	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Allen for Senate 2000 115 East Grace Street Richmond, VA 23219	G. Allen, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$ 500.00
I. Full Name, Mailing Address and ZIP Code Upton for All of Us 4451 Brookfield Corporate Drive #200 Chantilly, VA 20151	F. Upton, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)

\$ 6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hal Rogers for Congress P.O. Box 1214 East Mt. Vernon St. Somerset, KY 42502	H. Rogers, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/00	\$ 500.00
Rogan for Congress P.O. Box 2776 Arlington, VA 22202	J. Rogan, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/00	\$ 500.00
Re-Elect Brian Bilbray for Congress 4451 Brookfield Corporate Drive #200 Chantilly, VA 20151	B. Bilbray, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$ 500.00
The Enzi Committee 2310 South Arlington Rd. Arlington, VA 22202	M. Enzi, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/00	\$ 1,000.00
Oxley for Congress P.O. Box 1998 Findlay, OH 45839	M. Oxley, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$ 1,000.00
Largent for Congress 2000 4312 East 51st Tulsa, OK 74135	S. Largent, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$ 500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 4,000.00
TOTAL This Period (last page this line number only)	\$ 10,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-14-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
SL PREPARER	7-14-00 DATE PREPARED