

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 PAC (CHPA/PAC)

ADDRESS (number and street) 900 19th Street, NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20006

2. **FEC IDENTIFICATION NUMBER** C00040584
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2006 through 09 30 2006

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 01 30 2007

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 (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 11498.38 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 17483.77 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 10650.00 | 24719.87 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 28133.77 | 36218.25 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 16090.11 | 24174.59 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 12043.66 | 12043.66 | | | | | | | | |
| 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 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 6500.00 | 17200.00 |
| (i) Itemized (use Schedule A) | 650.00 | 3775.00 |
| (ii) Unitemized | 7150.00 | 20975.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 3500.00 | 3500.00 |
| (c) Other Political Committees (such as PACs) | 10650.00 | 24475.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 244.87 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 10650.00 | 24719.87 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 10650.00 | 24719.87 |

DETAILED SUMMARY PAGE

of Disbursements

| 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..... | 90.11 | 174.59 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 90.11 | 174.59 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15000.00 | 23000.00 |
| 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 | 1000.00 | 1000.00 |
| (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)) | 1000.00 | 1000.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. 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 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 16090.11 | 24174.59 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 16090.11 | 24174.59 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 10650.00 | 24475.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 1000.00 | 1000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9650.00 | 23475.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 90.11 | 174.59 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 244.87 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 90.11 | -70.28 |

**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 6 / 17 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Helmut Albrecht

Mailing Address 60 W. 23rd Street
Apt. 1904

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams Respiratory Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11A1.5352

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Natalie Bartner

Mailing Address 31 Puddingstone Way

City State Zip Code
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wyeth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11A1.5330

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. David Becker

Mailing Address Unit 1512
3900 Grapevine Mills Road

City State Zip Code
Grapevine TX 76051

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams Respiratory Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11A1.5355

Amount of Each Receipt this Period
250.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| 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 7 / 17 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Roger Berlin

Mailing Address 1 Redman Farm Road

City Mendham State NJ Zip Code 07945

FEC ID number of contributing federal political committee. **C**

Name of Employer Wyeth Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 4 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.5332

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. John Borneman

Mailing Address 722 Harriton Road

City Bryn Mawr State PA Zip Code 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer Hylands Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.5334

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert D. Casale

Mailing Address 3 Abbington Way
P.O. Box 295

City Brookside State NJ Zip Code 07926

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams Respiratory Therapeutics Occupation V.P. Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.5357

Amount of Each Receipt this Period
250.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| 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 8 / 17 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Scott Emerson

Mailing Address 407 East Lancaster Ave.

City State Zip Code
Wayne PA 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Emerson Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11A1.5326

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Zan Guerry

Mailing Address 1715 West 38th Street

City State Zip Code
Chattanooga TN 37409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chattam, Inc. Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.5323

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Larsen

Mailing Address 1449 Harvard Street NW

City State Zip Code
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHPA Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: SA11A1.5325

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| 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 9 / 17
(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 PAC (CHPA/PAC)

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Long

Mailing Address 3930 Spring Garden Drive

City State Zip Code
Colleyville TX 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams Respiratory Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.5353

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Timothy McFadden

Mailing Address 2 Beacon Hill Drive

City State Zip Code
Chester NJ 07930

FEC ID number of contributing federal political committee. **C**

Name of Employer Wyeth Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.5328

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Brian McNamara

Mailing Address 11 Chesterfield Drive

City State Zip Code
Chester NJ 07930

FEC ID number of contributing federal political committee. **C**

Name of Employer Novartis Occupation

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.5324

Amount of Each Receipt this Period
1000.00

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 10 / 17 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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) A. Mr Douglas Rogers | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 | |
| Mailing Address 18 Ursula Court | | Transaction ID: SA11A1.5327 | |
| City Mendham | State NJ | Zip Code 07945 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wyeth | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. David Spangler | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 | |
| Mailing Address 1449 N Street, NW Apartment 3 | | Transaction ID: SA11A1.5337 | |
| City Washington | State DC | Zip Code 20005 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CHPA | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. John Thievon | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 | |
| Mailing Address 4648 O'Connor Court | | Transaction ID: SA11A1.5344 | |
| City Irving | State TX | Zip Code 75062 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Adams Respiratory Therapeutics | Occupation V.P. Sales & Marketing | | |
| 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) ▶ | 750.00 |
| 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 11 / 17 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 4 Woodhull Drive

City State Zip Code
Chester NJ 07930

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams Respiratory Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2006

Transaction ID: SA11A1.5350

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 6500.00 |

**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 12 / 17 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
BAYPAC

Mailing Address Bayer Road

City State Zip Code
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C** C00155713

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11C.5336

Amount of Each Receipt this Period
1000.00

PAC-to-PAC transfer

B. Full Name (Last, First, Middle Initial)
Schering-Plough

Mailing Address 1 Giralda Farm

City State Zip Code
Madison NJ 07940

FEC ID number of contributing federal political committee. **C** C00108290

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: SA11C.5360

Amount of Each Receipt this Period
2500.00

Better Government Fund (P-AC)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 3500.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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) A. ANNA ESHOO FOR CONGRESS | | Transaction ID: SB23.5315 | |
| Mailing Address 555 Capitol Mall Suite 1425 | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2006 | |
| City Sacramento | State CA | Zip Code 95814 | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: CA District: 14 | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) B. JOE L BARTON | | Transaction ID: SB23.5313 | |
| Mailing Address 701 Williamsburg | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2006 | |
| City Ennis | State TX | Zip Code 75119 | Amount of Each Disbursement this Period 3000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: TX District: 06 | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) C. BILL NELSON FOR U S SENATE | | Transaction ID: SB23.5307 | |
| Mailing Address 500 RED SAIL WAY | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2006 | |
| City SATELITE BEACH | State FL | Zip Code 32937 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: FL District: 00 | | Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4500.00 |
| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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) A. DAVE CAMP FOR CONGRESS 2006 | | Transaction ID: SB23.5296 Date of Disbursement |
| Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100 | | <input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> |
| City MIDLAND | State MI | Zip Code 48640 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="1000.00"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MI | District: 04 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DEMINT FOR SENATE COMMITTEE INC | | Transaction ID: SB23.5310 Date of Disbursement |
| Mailing Address PO BOX 12425 | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> |
| City COLUMBIA | State SC | Zip Code 29211 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="1000.00"/> |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: SC | District: 00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPS | | Transaction ID: SB23.5309 Date of Disbursement |
| Mailing Address PO Box 23940 | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> |
| City Santa Barbara | State CA | Zip Code 93121 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="500.00"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA | District: 23 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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) A. HATCH ELECTION COMMITTEE INC | | Transaction ID: SB23.5292 |
| Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 | | Date of Disbursement MM / DD / YYYY 07 / 12 / 2006 |
| City SALT LAKE CITY | State UT | Zip Code 84101 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: UT | District: 00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Nancy JOHNSON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.5301 |
| Mailing Address P.O. Box 1986 | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2006 |
| City New Britain | State CT | Zip Code 06050 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CT | District: 05 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. NATHAN DEAL FOR CONGRESS | | Transaction ID: SB23.5305 |
| Mailing Address P O BOX 902 | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2006 |
| City GAINESVILLE | State GA | Zip Code 30503 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: GA | District: 09 | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4000.00 |
| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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) A. PEOPLE WITH HART INC | | Transaction ID: SB23.5308 Date of Disbursement 09 / 19 / 2006 |
| Mailing Address P.O. Box 435 | | Amount of Each Disbursement this Period 1000.00 |
| City Wexford | State PA Zip Code 15090 | |
| Purpose of Disbursement | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: PA District: 04 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. STUPAK FOR CONGRESS | | Transaction ID: SB23.5295 Date of Disbursement 07 / 25 / 2006 |
| Mailing Address 817 9TH AVENUE PO BOX 143 | | Amount of Each Disbursement this Period 1000.00 |
| City MENOMINEE | State MI Zip Code 49858 | |
| Purpose of Disbursement | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US | | Transaction ID: SB23.5306 Date of Disbursement 09 / 19 / 2006 |
| Mailing Address PO BOX 490 | | Amount of Each Disbursement this Period 2000.00 |
| City ST JOSEPH | State MI Zip Code 49085 | |
| Purpose of Disbursement | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MI District: 06 | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | 15000.00 |

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 17 / 17

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 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) A. Mr. Daniel Johnson | | Transaction ID: SB28A.5294 Date of Disbursement 07 / 25 / 2006 | |
| Mailing Address 1 John Applegate Road | | Amount of Each Disbursement this Period 1000.00 | |
| City Redding | State CT | Zip Code 06896 | Category/ Type |
| Purpose of Disbursement Individual accidently contributed twice | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |