

**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:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
October 15 Quarterly Report(Q3)	Primary (12P)				Runoff (12R)
January 31 Quarterly Report(YE)	Convention (12C)			Special (12G)	
July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on				in the State of
Termination Report (TER)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
	Election on				in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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 15 2002

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

Office Use Only

FEC FORM 3X
(Revised 1/2001)

**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: ^{Month} 04 ^{Day} 01 ^{Year} 2002 To: ^{Month} 06 ^{Day} 30 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		7218.05
(b) Cash on Hand at Beginning of Reporting Period	7095.96	
(c) Total Receipts (from Line 19)	12025.00	18425.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19120.96	25643.05
7. Total Disbursements (from Line 30)	6522.44	13044.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12598.52	12598.52
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Consumer Healthcare Products Association

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

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)	6225.00	
(ii) Unitemized	4800.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11025.00	14425.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	12025.00	18425.00
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)	12025.00	18425.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	12025.00	18425.00

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.....	22.44	44.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22.44	44.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	13000.00
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)..... ▶	6522.44	13044.53
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6522.44	13044.53
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12025.00	18425.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12025.00	18425.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	22.44	44.53
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	22.44	44.53

**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 5 / 12	
	<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

A. Full Name (Last, First, Middle Initial)
Mr. David Arch

Mailing Address
4 Oak Court

City State Zip Code
Oak Brook IL 60523

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Blistex Chairman

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.4426

B. Full Name (Last, First, Middle Initial)
Douglas Bierer

Mailing Address
7415 Graves Road

City State Zip Code
Cincinnati OH 45243

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Procter & Gamble

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4466

C. Full Name (Last, First, Middle Initial)
Mr. Richard Green

Mailing Address
350 Hampton Place

City State Zip Code
Hinsdale IL 60521

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Blistex President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.4427

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

A. Full Name (Last, First, Middle Initial)
Robert Greene

Mailing Address
5025 Willow Hills Ln

City State Zip Code
Cincinnati OH 45243

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Personal Healthcare Vice President

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

Transaction ID: SA11A1.4432

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

Mailing Address
503 Holly Hill

City State Zip Code
Lookout Mountain TN 37350

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Chatterm, Inc. Chairman & CEO

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

Transaction ID: SA11A1.4444

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Himmel

Mailing Address
125 East 72nd Street

City State Zip Code
New York NY 10021

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Himmel Pharmaceuticals Chairman & CEO

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

Transaction ID: SA11A1.4429

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: (check only one)		PAGE 7 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Combe, Inc. Senior Vice President & Secretary

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

Transaction ID: SA11A1.4431

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

Mailing Address
185 Northfield Avenue

City State Zip Code
Edison NJ 08837

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
NUMARK Labs Partner, President

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

Transaction ID: SA11A1.4430

Full Name (Last, First, Middle Initial)
C. Mr. Mark Olesavage

Mailing Address
2101 Blueberry Street, NW

City State Zip Code
Grand Rapids MI 49504

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Perigo Company Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.4478

SUBTOTAL of Receipts This Page (optional) ▶ **2400.00**

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 / 12	
	<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

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial)
A. William Saller

Mailing Address
9008 Chickawane Court

City State Zip Code
Alexandria VA 22309

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
CHPA Vice President

Amount of Each Receipt this Period
275.00

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 275.00

Transaction ID: SA11A1.4434

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	6225.00

**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 9 / 12		
	<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	

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

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

Mailing Address
Bayer Road

City State Zip Code
Pittsburgh PA 15205

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

FEC ID number of contributing federal political committee. C00155713

Amount of Each Receipt this Period 1000.00

Name of Employer Occupation Contribution

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

Transaction ID: SA11C.4480

B.

C.

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

**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 10 / 12

<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				

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) A. AMERICA'S FOUNDATION FKA FIGHT - PAC			Date of Disbursement 04 / 12 / 2002	
Mailing Address 1155 21st Street NW Suite 300 City State Zip Code Washington DC 20036			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President Disbursement For: 2002 Primary X General Other (specify) ▼				
State: District:			Transaction ID: SB23.4504	

Full Name (Last, First, Middle Initial) B. BRADY FOR CONGRESS			Date of Disbursement 06 / 28 / 2002	
Mailing Address P.O. Box 8277 City State Zip Code The Woodlands TX 77387			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name Kevin Brady			Category/ Type	
Office Sought: X House Senate President Disbursement For: 2002 Primary X General Other (specify) ▼				
State: TX District: 08			Transaction ID: SB23.4500	

Full Name (Last, First, Middle Initial) C. CITIZENS FOR HARKIN			Date of Disbursement 06 / 05 / 2002	
Mailing Address P O BOX 811 City State Zip Code DES MOINES IA 50304			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name Tom Harkin			Category/ Type	
Office Sought: House X Senate President Disbursement For: 2002 Primary X General Other (specify) ▼				
State: IA District: 00			Transaction ID: SB23.4486	

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 11 / 12

<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				

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) A. DAVE CAMP FOR CONGRESS 2002		Date of Disbursement 04 / 24 / 2002	
Mailing Address 5015 EASTMAN AVENUE SUITE 100 City: MIDLAND State: MI Zip Code: 48640		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Dave Camp			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4485	
State: MI District: 04			

Full Name (Last, First, Middle Initial) B. DINGELL, JOHN D		Date of Disbursement 05 / 22 / 2002	
Mailing Address P.O. Box 75214 City: WASHINGTON State: DC Zip Code: 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name John Dingell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4508	
State: MI District: 15			

Full Name (Last, First, Middle Initial) C. FRIENDS FOR CLIFF STEARNS		Date of Disbursement 05 / 22 / 2002	
Mailing Address PO BOX 308 City: SILVER SPRINGS State: FL Zip Code: 32668		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Cliff Stearns			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4494	
State: FL District: 08			

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 12 / 12

<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				

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) A. LUTHER FOR CONGRESS VOLUNTEER COMMITTEE			Date of Disbursement 06 / 26 / 2002	
Mailing Address 1399 Geneva Avenue North Ste 202 City: Oakdale State: MN Zip Code: 55128			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name Bill Luther				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.4498	
State: MN District: 02				

Full Name (Last, First, Middle Initial) B. PICKERING FOR CONGRESS			Date of Disbursement 06 / 22 / 2002	
Mailing Address PO BOX 6440 City: LAVROL State: MS Zip Code: 39441			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name PICKERING, CHARLES W 'CHIP' JR				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.4489	
State: MS District: 03				

Full Name (Last, First, Middle Initial) C. SENATE VICTORY FUND PAC (FKA COCHRAN COMMITTEE)			Date of Disbursement 06 / 22 / 2002	
Mailing Address PO BOX 7274 City: TUPELO State: MS Zip Code: 38802			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.4480	
State: District:				

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	6500.00