

# 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 01 01 2007 through 06 30 2007

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 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**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		10557.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	10557.41									
(c) Total Receipts (from Line 19) .....	7650.00	7650.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18207.41	18207.41								
7. Total Disbursements (from Line 31) .....	9115.52	9115.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9091.89	9091.89								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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) .....	5650.00	5650.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5650.00	5650.00
(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 33, page 5) .....	7650.00	7650.00
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 37, page 5) .....	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 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)) .....	7650.00	7650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7650.00	7650.00

**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.....	115.52	115.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	115.52	115.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	9000.00
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. 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))..	9115.52	9115.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9115.52	9115.52

**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) .....	7650.00	7650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7650.00	7650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	115.52	115.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	115.52	115.52

**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 <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)

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Borneman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 722 Harriton Road		<b>Transaction ID:</b> SA11A1.5436	
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Personal Check to CHPA PAC	
Name of Employer Hylands	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mark Cieslinski		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 240 Fox Meadow Lane		<b>Transaction ID:</b> SA11A1.5428	
City State Zip Code Orchard Park NY 14127	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		Personal Contribution to CHPA PAC	
Name of Employer The Mentholatum Company	Occupation Vice President Marketing and Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Emerson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 407 East Lancaster Ave.		<b>Transaction ID:</b> SA11A1.5438	
City State Zip Code Wayne PA 19087	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Personal Contribution to CHPA PAC	
Name of Employer The Emerson Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> 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	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
James Ingham

Mailing Address 418 Aberdeen Road

City State Zip Code  
Lewiston NY 14092

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

Name of Employer The Mentholatum Company Occupation Vice President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: SA11A1.5434

Amount of Each Receipt this Period  
300.00

Personal Contribution to CHPA PAC

**B.** Full Name (Last, First, Middle Initial)  
Brian J. 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 General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2007

Transaction ID: SA11A1.5423

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Adam D. Raczkowski

Mailing Address 37 Timber Drive

City State Zip Code  
East Longmeadow MA 01028

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

Name of Employer W.F. Young, Inc. Occupation Exec. VP & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: SA11A1.5421

Amount of Each Receipt this Period  
550.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> 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 / 12	
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Akiyoshi Yoshida

Mailing Address 707 Sterling Drive

City State Zip Code  
Orchard Park NY 14127

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

Name of Employer Occupation  
The Mentholatum Company President & CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: SA11A1.5439

Amount of Each Receipt this Period  
500.00

Personal Check to CHPA PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5650.00



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

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

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

**A.** Full Name (Last, First, Middle Initial)  
GlaxoSmithKline Political Action Committee

Mailing Address 5 Moore Drive

City	State	Zip Code
Research Triangle	NC	27709

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: SA11C.5437

Amount of Each Receipt this Period  
2000.00

PAC to PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> 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 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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Rep. Steve Chabot</b>		<b>Transaction ID: SB23.5450</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 217 3rd Street, SE		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 1			

Full Name (Last, First, Middle Initial) <b>B. CITIZENS TO ELECT RICK LARSEN</b>		<b>Transaction ID: SB23.5443</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address P.O. BOX 326		Amount of Each Disbursement this Period 1000.00	
City EVERETT State WA Zip Code 98206	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 02			

Full Name (Last, First, Middle Initial) <b>C. CONGRESSMAN BART GORDON COMMITTEE</b>		<b>Transaction ID: SB23.5445</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address P.O. BOX 2008		Amount of Each Disbursement this Period 1000.00	
City MURFREESBORO State TN Zip Code 37133	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JACK KINGSTON</b>		<b>Transaction ID: SB23.5448</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 2133 PO Box 2133		Amount of Each Disbursement this Period 500.00
City Savannah State GA Zip Code 31402		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAX BAUCUS</b>		<b>Transaction ID: SB23.5417</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 1000.00
City HELENA State MT Zip Code 59624		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ROSA DELAURO</b>		<b>Transaction ID: SB23.5419</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 49 HUNTINGTON STREET		Amount of Each Disbursement this Period 1000.00
City NEW HAVEN State CT Zip Code 06511		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN D DINGELL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5416</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 607 FOURTEENTH STREET NW		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. SECURE THE FUTURE COMMITTEE</b>		<b>Transaction ID: SB23.5446</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 682 4th Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. UPTON FOR ALL OF US</b>		<b>Transaction ID: SB23.5442</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9000.00