

**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 (CHPAPAC)

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

X

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 (12S)

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

2004

through

03

31

2004

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

04

14

2004

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
(Rev. 02/2003)

**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: ^M01 ^D01 ^Y2004 To: ^M03 ^D31 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		9563.16
(b) Cash on Hand at Beginning of Reporting Period	9563.16	
(c) Total Receipts (from Line 19)	7250.00	7250.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16813.16	16813.16
7. Total Disbursements (from Line 31)	11036.02	11036.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5777.14	5777.14
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: ^M01 ^D01 ^Y2004 To: ^M03 ^D31 ^Y2004

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)	7250.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7250.00	7250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7250.00	7250.00
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))	7250.00	7250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7250.00	7250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	36.02	36.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	36.02	36.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
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 ActMty (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))..	11036.02	11036.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11036.02	11036.02

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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)	7250.00	7250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7250.00	7250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36.02	36.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36.02	36.02

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

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

FOR LINE NUMBER: PAGE 6 / 14

(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)

Full Name (Last, First, Middle Initial) A. Mr. David Arch		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 4 Oak Court		Transaction ID: SA11A1.4735
City Oak Brook	State IL	Zip Code 60523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blistex	Occupation Chairman	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Dean M. DiMarzio		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 5 Farm Field Ridge Road		Transaction ID: SA11A1.4740
City Sandy Hook	State CT	Zip Code 06482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Boehringer Ingelheim Pharm.	Occupation V.P & G.M, Consumer HealthCare	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard Green		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 350 Hampton Place		Transaction ID: SA11A1.4736
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blistex	Occupation President	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Daniel Johnson		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 1 John Applegate Road		Transaction ID: SA11A1.4733
City	State	Zip Code
Redding	CT	06886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Comba, Inc.	Occupation Senior Vice President & Secretary	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Kevin Kraushaar		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 18230 Bellingham Drive		Transaction ID: SA11A1.4729
City	State	Zip Code
Germantown	MD	20874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CHPA	Occupation VP-Gov't Relations	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Kevin Kraushaar		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 18230 Bellingham Drive		Transaction ID: SA11A1.4730
City	State	Zip Code
Germantown	MD	20874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CHPA	Occupation VP-Gov't Relations	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 8 / 14

(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"/> 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)

Full Name (Last, First, Middle Initial) A. Matthew Seiden		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 32 Twin Oak Road		Transaction ID: SA11A1.4734
City Short Hills	State NJ	Zip Code 07078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Seiden Group	Occupation President, CEO	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Susan B. Small Weil		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 708 Third Ave. 13th Floor		Transaction ID: SA11A1.4741
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Seiden Group	Occupation Chief Planning Officer	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. David Spangler		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 1337 Wallach Place N.W.		Transaction ID: SA11A1.4731
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CHPA	Occupation VP-International	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 14

(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"/>	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)

Full Name (Last, First, Middle Initial) A. Linda Suydam		Date of Receipt M / D / Y 03 / 22 / 2004
Mailing Address 12314 Riding Fields Road		Transaction ID: SA11A1.4732
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer CHPA	Occupation President	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	7250.00

**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 / 14

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)
A. CUBIN FOR CONGRESS INC

Mailing Address P.O. BOX 4657

City CASPER State WY Zip Code 82604

Purpose of Disbursement Contribution

Candidate Name CUBIN FOR CONGRESS INC

Office Sought: House Senate President
State: WY District: D1

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: SB23.4754
Date of Disbursement
02 / 25 / 2004

Amount of Each Disbursement this Period
500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. DEMINT FOR SENATE COMMITTEE INC

Mailing Address 701 GERVAIS STREET SUITE 150-178

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement Contribution

Candidate Name DEMINT FOR SENATE COMMITTEE INC

Office Sought: House Senate President
State: SC District: D0

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: SB23.4781
Date of Disbursement
03 / 30 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. JOHN D DINGELL FOR CONGRESS COMMITTEE

Mailing Address 807 FOURTEENTH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name JOHN D DINGELL FOR CONGRESS COMMITTEE

Office Sought: House Senate President
State: MI District: 16

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: SB23.4750
Date of Disbursement
03 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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 / 14

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial)
A. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
Contribution

Candidate Name
JOHNSON FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: CT District: D5

011
Category/
Type

Transaction ID: SB23.4776

Date of Disbursement

03 / 03 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. JUDD GREGG COMMITTEE

Mailing Address PO BOX 1812

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
Contribution

Candidate Name
JUDD GREGG COMMITTEE

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: NH District: D0

011
Category/
Type

Transaction ID: SB23.4755

Date of Disbursement

02 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. MAX SANDLIN FOR CONGRESS

Mailing Address 227 Massachusetts Ave., N.E.
#101

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
MAX SANDLIN FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: TX District: 2

011
Category/
Type

Transaction ID: SB23.4746

Date of Disbursement

02 / 18 / 2004

Amount of Each Disbursement this Period

500.00

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 12 / 14

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

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

Full Name (Last, First, Middle Initial)
A. MIKE BILIRAKIS FOR CONGRESS

Mailing Address P O BOX 1077

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Contribution

Candidate Name
MIKE BILIRAKIS FOR CONGRESS

Office Sought: House
Senate
President

State: FL District: D9

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4756
Date of Disbursement

02 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. NORWOOD FOR CONGRESS

Mailing Address CLAUSSEN ROAD
PO BOX 489

City AUGUSTA State GA Zip Code 30607

Purpose of Disbursement
Contribution

Candidate Name
NORWOOD FOR CONGRESS

Office Sought: House
Senate
President

State: GA District: 10

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4757
Date of Disbursement

03 / 03 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. RICHARD BURR COMMITTEE

Mailing Address PO BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement
Contribution

Candidate Name
RICHARD BURR COMMITTEE

Office Sought: House
Senate
President

State: NC District: 05

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4742
Date of Disbursement

01 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

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 13 / 14

<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)
A. LOUISE M SLAUGHTER

Mailing Address 14 MANOR HILL DRIVE

City FAIRPORT State NY Zip Code 14450

Purpose of Disbursement Contribution

Candidate Name LOUISE M SLAUGHTER

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: NY District: 28

Transaction ID: SB23.4763
Date of Disbursement
03 / 30 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. STUPAK FOR CONGRESS

Mailing Address 817 9TH AVENUE
PO BOX 143

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement Contribution

Candidate Name STUPAK FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: MI District: D1

Transaction ID: SB23.4748
Date of Disbursement
02 / 18 / 2004

Amount of Each Disbursement this Period
500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. TOM FEENEY FOR CONGRESS

Mailing Address P.O. Box 2601

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

Candidate Name TOM FEENEY FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: FL District: 24

Transaction ID: SB23.4744
Date of Disbursement
02 / 18 / 2004

Amount of Each Disbursement this Period
500.00

011
Category/
Type

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)

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<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)
A. TOM FEENEY FOR CONGRESS

Mailing Address P.O. Box 2601

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name
TOM FEENEY FOR CONGRESS

Office Sought: House
Senate
President
State: FL District: 24

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4749
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

11000.00