

**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)

900 19th Street, N.W.

Suite 700

Check if different than previously reported. (ACC)

Washington

DC

20008

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)

X 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

07

01

2004

through

09

30

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

10

13

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

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		10319.03
(b) Cash on Hand at Beginning of Reporting Period	10319.03	
(c) Total Receipts (from Line 19)	7200.00	7200.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17519.03	17519.03
<hr/>		
7. Total Disbursements (from Line 31)	5532.21	5532.21
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11986.82	11986.82
<hr/>		
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**

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Write or Type Committee Name

Consumer Healthcare Products Association

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^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)	2000.00	
(ii) Unitemized	2200.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4200.00	4200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7200.00	7200.00
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))	7200.00	7200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7200.00	7200.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	32.21	32.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.21	32.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	5500.00
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))..	5532.21	5532.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	5532.21	5532.21

DETAILED SUMMARY PAGE
of Disbursements

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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)	7200.00	7200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7200.00	7200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.21	32.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.21	32.21

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

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

FOR LINE NUMBER: PAGE 6 / 9
(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

Full Name (Last, First, Middle Initial) A. Mr. Jeffrey Himmel		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 125 East 72nd Street		Transaction ID: SA11A1.4592
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Himmel Pharmaceuticals	Occupation Chairman & CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ted Peterson		Date of Receipt M / D / Y 07 / 08 / 2004
Mailing Address 252D Maryland Avenue		Transaction ID: SA11A1.4593
City Bexley	State OH	Zip Code 43209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CHPA	Occupation Vice President, Corporate Development	Contribution
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)	▶	2000.00

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

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

FOR LINE NUMBER: PAGE 7 / 9

(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"/> 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. BAYPAC		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address Bayer Road		Transaction ID: SA11C.4594
City	State	Zip Code
Pittsburgh	PA	15205
FEC ID number of contributing federal political committee. C C00155713		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. GlaxoSmithKline Political Action Committee		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 5 Moore Drive		Transaction ID: SA11C.4597
City	State	Zip Code
Research Triangle	NC	27709
FEC ID number of contributing federal political committee. C C00199703		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

**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)

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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

Full Name (Last, First, Middle Initial)
A. AMERICA'S FOUNDATION FKA FIGHT - PAC

Mailing Address One Tower Bridge
Suite 1440

City W. Conshohocken State PA Zip Code 19426

Purpose of Disbursement
Contribution

Candidate Name
AMERICA'S FOUNDATION FKA FIGHT - PAC

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

State: District

Transaction ID: SB23.4603
Date of Disbursement
07 / 20 / 2004

Amount of Each Disbursement this Period
1000.00

Category/
Type

Full Name (Last, First, Middle Initial)
B. Cannon for Congress

Mailing Address PO Box 711

City Provo State UT Zip Code 84603

Purpose of Disbursement
Contribution

Candidate Name
Cannon for Congress

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

State: UT District 3

Transaction ID: SB23.4608
Date of Disbursement
07 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

Category/
Type

Full Name (Last, First, Middle Initial)
C. CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P O BOX 2008

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
CONGRESSMAN BART GORDON COMMITTEE

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

State: TN District 06

Transaction ID: SB23.4599
Date of Disbursement
07 / 19 / 2004

Amount of Each Disbursement this Period
500.00

Category/
Type

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)

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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

Full Name (Last, First, Middle Initial)
A. Congressman Waxman Campaign Cmt.

Mailing Address 8665 WILSHIRE BLVD #220

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
Contribution

Candidate Name
Congressman Waxman Campaign Cmt.

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: CA District: 29

Category/
Type

Transaction ID: SB23.4608

Date of Disbursement

07 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DeMint for Senate, Inc.

Mailing Address PO Box 2776

City Alexandria State VA Zip Code 22202

Purpose of Disbursement
Contribution

Candidate Name
DeMint for Senate, Inc.

Office Sought: House
 Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: SC District:

Category/
Type

Transaction ID: SB23.4604

Date of Disbursement

09 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name
UPTON FOR ALL OF US

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: MI District: 06

Category/
Type

Transaction ID: SB23.4606

Date of Disbursement

09 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

5500.00