

**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)

900 19th Street, NW

Suite 700

Check if different than previously reported. (ACC)

Washington

DC

20006

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)

X 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

2005

through

12

31

2005

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

11

12

2006

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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		10074.90
(b) Cash on Hand at Beginning of Reporting Period .....	21471.66	
(c) Total Receipts (from Line 19) .....	3132.00	27196.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	24603.66	37271.30
<hr/>		
7. Total Disbursements (from Line 31) .....	13105.28	25772.92
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11498.38	11498.38
<hr/>		
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**

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: <sup>M</sup>07 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>12 <sup>-</sup>31 <sup>-</sup>2005

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) .....	2500.00	19100.00
(ii) Unitemized .....	600.00	4950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3100.00	24050.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3100.00	26550.00
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) .....	32.00	646.40
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)) .....	3132.00	27196.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3132.00	27196.40

**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.....	105.28	272.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	105.28	272.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	25500.00
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))..	13105.28	25772.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13105.28	25772.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3100.00	26550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3100.00	26550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	105.28	272.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	32.00	646.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	73.28	-373.48

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

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

FOR LINE NUMBER: PAGE 6 / 15

(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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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. Mrs. Virginia A Cox</b>		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address 11045 Seven Hill Lane		Transaction ID: SA11A1.5082
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CHPA	Occupation Vice President for Communications and	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gary Downing</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 1197 Mine Hill Rd.		Transaction ID: SA11A1.5079
City Fairfield	State CT	Zip Code 06430
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Lansing Laboratories, In- c.	Occupation Chief Executive Officer	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Scott Emerson</b>		Date of Receipt M / D / Y 11 / 22 / 2005
Mailing Address 407 East Lancaster Ave.		Transaction ID: SA11A1.5080
City Wayne	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The Emerson Group	Occupation President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<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 7 / 15

(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) <b>A. Ted Peterson</b>		Date of Receipt M / D / Y 11 / 15 / 2005	
Mailing Address 8417 Weller Avenue		Transaction ID: SA11A1.5077	
City McLean	State VA	Zip Code 22102	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CHPA	Occupation VP	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Akiyoshi Yoshida</b>		Date of Receipt M / D / Y 08 / 10 / 2005	
Mailing Address 25 Vicsaunt Drive		Transaction ID: SA11A1.5070	
City Williamsville	State NY	Zip Code 14221	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mentholatum CO., Inc.	Occupation President & CEO	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	750.00
TOTAL This Period (last page this line number only) .....	▶	2500.00

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank		Date of Receipt M / D / Y 09 / 29 / 2005
Mailing Address 1100 CONNECTICUT AVE NW		Transaction ID: SA15.5116
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.00
Name of Employer	Occupation	Partial Service Fee Refund (from 8/9/05)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 532.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	32.00
TOTAL This Period (last page this line number only) .....	▶	32.00



**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 checked="" 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 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. Wachovia Bank**

Mailing Address 1100 CONNECTICUT AVE NW

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.5110  
Date of Disbursement  
08 / 09 / 2005

Amount of Each Disbursement this Period  
40.15

Full Name (Last, First, Middle Initial)  
**B. Wachovia Bank**

Mailing Address 1100 CONNECTICUT AVE NW

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.5111  
Date of Disbursement  
09 / 12 / 2005

Amount of Each Disbursement this Period  
10.94

Full Name (Last, First, Middle Initial)  
**C. Wachovia Bank**

Mailing Address 1100 CONNECTICUT AVE NW

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.5113  
Date of Disbursement  
10 / 12 / 2005

Amount of Each Disbursement this Period  
10.87

**SUBTOTAL** of Disbursements This Page (optional) ▶ **61.96**

**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 10 / 15

<input checked="" 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 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. Wachovia Bank

Mailing Address 1100 CONNECTICUT AVE NW

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB21B.5114  
Date of Disbursement  
11 / 10 / 2005

Amount of Each Disbursement this Period  
12.14

Full Name (Last, First, Middle Initial)  
B. Wachovia Bank

Mailing Address 1100 CONNECTICUT AVE NW

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB21B.5115  
Date of Disbursement  
12 / 09 / 2005

Amount of Each Disbursement this Period  
14.40

SUBTOTAL of Disbursements This Page (optional) .....	▶	26.54
TOTAL This Period (last page this line number only) .....	▶	88.50

**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 / 15

<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. BILL NELSON FOR U S SENATE

Mailing Address 500 RED SAIL WAY

City SATELITE BEACH State FL Zip Code 32937

Purpose of Disbursement

Candidate Name  
BILL NELSON FOR U S SENATE

Office Sought: House Disbursement For: 2006  
 Senate Primary  General  
 President  
 State: FL District: D0 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5171

Date of Disbursement  
11 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name  
CITIZENS FOR HARKIN

Office Sought: House Disbursement For: 2006  
 Senate Primary  General  
 President  
 State: IA District: D0 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5136

Date of Disbursement  
07 / 19 / 2005

Amount of Each Disbursement this Period

2000.00

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

Mailing Address PO Box 1177  
PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement

Candidate Name  
COBLE FOR CONGRESS

Office Sought:  House Disbursement For: 2006  
 Senate  Primary General  
 President  
 State: NC District: D6 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5143

Date of Disbursement  
09 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

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)

PAGE 12 / 15

<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. CUBIN FOR CONGRESS INC

Mailing Address P.O. BOX 4657

City State Zip Code  
CASPER WY 82604

Purpose of Disbursement

Candidate Name  
CUBIN FOR CONGRESS INC

Category/  
Type

Office Sought:  House  
Senate  
President  
State: WY District: D1  
Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Transaction ID: SB23.5142

Date of Disbursement

08 / 04 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. DEWINE FOR US SENATE

Mailing Address PO BOX 340188

City State Zip Code  
COLUMBUS OH 43234

Purpose of Disbursement

Candidate Name  
DEWINE FOR US SENATE

Category/  
Type

Office Sought: House  
 Senate  
President  
State: OH District: 00  
Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Transaction ID: SB23.5132

Date of Disbursement

07 / 19 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
C. FRIENDS OF CRAIG THOMAS

Mailing Address 2780 OLIVE DR

City State Zip Code  
CHEYENNE WY 82001

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: House  
 Senate  
President  
State: WY District: 00  
Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Transaction ID: SB23.5141

Date of Disbursement

08 / 04 / 2005

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 / 15

<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 R FUND

Mailing Address P. O. Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement

Candidate Name  
MIKE R FUND

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Transaction ID: SB23.5147

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. MINT PAC

Mailing Address PO Box 25043

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name  
MINT PAC

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2006 Primary X General Other (specify) ▼

State: District

Transaction ID: SB23.5178

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement

Candidate Name  
PEOPLE WITH HART INC

Category/  
Type

Office Sought: x House Senate President  
Disbursement For: 2006 Primary X General Other (specify) ▼

State: PA District 04

Transaction ID: SB23.5157

Date of Disbursement

09 / 22 / 2005

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 14 / 15

<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. REED COMMITTEE

Mailing Address PO BOX 8828

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement

Candidate Name  
REED COMMITTEE

Category/  
Type

Office Sought: House Disbursement For: 2006  
 Senate Primary  General  
 President Other (specify) ▼

State: RI District: D0

Transaction ID: SB23.5176

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
RELY ON YOUR BELIEFS FUND

Category/  
Type

Office Sought: House Disbursement For: 2006  
 Senate Primary  General  
 President Other (specify) ▼

State: District:

Transaction ID: SB23.5187

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. SCIENCE LEADERSHIP PAC

Mailing Address 1730 RHODE ISLAND AVE NW SUITE 700

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name  
SCIENCE LEADERSHIP PAC

Category/  
Type

Office Sought: House Disbursement For: 2006  
 Senate Primary  General  
 President Other (specify) ▼

State: District:

Transaction ID: SB23.5180

Date of Disbursement

09 / 29 / 2005

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<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. TRUST PAC

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name  
TRUST PAC

Office Sought: House  
Senate  
President

State: District

Disbursement For: 2006  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5169

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

13000.00