

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Consumer Healthcare Products Association PAC (CHPA/PAC)

ADDRESS (number and street)

900 19th Street, NW

(Check if address is changed)

Suite 700

Washington

DC

20006

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

chpapac@chpa-info.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2022236835

2. DATE

12 / 05 / 2006

3. FEC IDENTIFICATION NUMBER

C C00040584

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

12 / 05 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Consumer Healthcare Products Association

Mailing Address **900 19th Street, NW**
Suite 700
Washington DC 20006
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Org.** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Michael Becker**

Mailing Address **900 19th Street, NW**

Suite 700

Washington DC 20006

Title or Position ▼ **Legislative Assist.** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 429 9260**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Kevin Kraushaar**

Mailing Address **900 19th Street, NW**

Suite 700

Washington DC 20006

Title or Position ▼ **VP Gov't Relations** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 429 9260**

Full Name of Designated Agent **Andrew Fish**

Mailing Address **900 19th Street, NW**

Suite 700

Washington DC 20006

Title or Position ▼ **Senior VP** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202 429 9260**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

1800 K Street, NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲