

**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) **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) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 X January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 01 30 2002

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**

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Page 2

Write or Type Committee Name  
Consumer Healthcare Products Association

Report Covering the Period: From: <sup>W</sup>07 <sup>D</sup>01 <sup>Y</sup>2001 To: <sup>W</sup>12 <sup>D</sup>31 <sup>Y</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>W</sup> <sup>Y</sup> 2001		9724.48
(b) Cash on Hand at Beginning of Reporting Period .....	11173.06	
(c) Total Receipts (from Line 19) .....	2050.00	18500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13223.06	28224.48
7. Total Disbursements (from Line 30) .....	6005.01	21006.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7218.05	7218.05
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: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2001

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) .....	250.00	
(ii) Unitemized .....	1800.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2050.00	16500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	2050.00	18500.00
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	2050.00	18500.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	2050.00	18500.00

**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.....	5.01	6.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.01	6.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	21000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	6005.01	21006.43
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6005.01	21006.43
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	2050.00	18500.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	2050.00	18500.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	5.01	6.43
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	5.01	6.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 / 8	
	(check only one)			
<input checked="" 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 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

Full Name (Last, First, Middle Initial)  
A. Mr. Kevin Kraushaar

Mailing Address  
16230 Bellingham Drive

City State Zip Code  
Germantown MD 20874

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
250.00

Name of Employer CHPA	Occupation VP-Gov't Relations
--------------------------	----------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00

Transaction ID: SA11A1.4304

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>250.00</b>

**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 6 / 8

<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				

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NAME OF COMMITTEE (In Full)  
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) <b>A. DAVE CAMP FOR CONGRESS 2002</b>		Date of Disbursement 12 / 17 / 2001	
Mailing Address 5815 EASTMAN AVENUE SUITE 100 City State Zip Code MIDLAND MI 48640		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4363	
State: MI      District: 04			

Full Name (Last, First, Middle Initial) <b>B. ENZI FOR US SENATE</b>		Date of Disbursement 11 / 19 / 2001	
Mailing Address PO BOX 2775 City State Zip Code CODY WY 82414		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4357	
State: WY      District: 00			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MARK FOLEY FOR CONGRESS</b>		Date of Disbursement 11 / 30 / 2001	
Mailing Address 1318 LAKE VICTORIA DR City State Zip Code LAKE WORTH FL 33461		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4359	
State: FL      District: 18			

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

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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				

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NAME OF COMMITTEE (In Full)  
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial)  
**A. OXLEY FOR CONGRESS**

Date of Disbursement

07 / 18 / 2001

Mailing Address  
P.O. BOX 2002

City State Zip Code  
FINDLAY OH 45838

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2002  
Primary  General   
Other (specify) ▼

State: OH District: 04

Transaction ID: SB23.4307

Full Name (Last, First, Middle Initial)  
**B. REED COMMITTEE**

Date of Disbursement

07 / 18 / 2001

Mailing Address  
PO BOX 8828

City State Zip Code  
CRANSTON RI 02920

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Contribution

Candidate Name

Category/  
Type

Office Sought: House  
 Senate  
President

Disbursement For: 2002  
Primary  General   
Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.4351

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

Date of Disbursement

10 / 24 / 2001

Mailing Address  
PO BOX 5828

City State Zip Code  
WINSTON-SALEM NC 27113

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2002  
Primary  General   
Other (specify) ▼

State: NC District: 06

Transaction ID: SB23.4355

**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)

PAGE 8/8

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)  
Consumer Healthcare Products Association

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

Mailing Address  
817 8TH AVENUE PO BOX 143  
City State Zip Code  
MENOMINEE MI 49858

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
Senate  
President

Disbursement For: 2002  
Primary  General  
Other (specify) ▼

State: MI District: 01

Category/  
Type

Date of Disbursement  
10 / 10 / 2001

Amount of Each Disbursement this Period  
500.00

Transaction ID: SB23.4353

**B.** Full Name (Last, First, Middle Initial)  
UPTON FOR ALL OF US

Mailing Address  
PO BOX 490  
City State Zip Code  
ST JOSEPH MI 49086

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
Senate  
President

Disbursement For: 2002  
Primary  General  
Other (specify) ▼

State: MI District: 06

Category/  
Type

Date of Disbursement  
12 / 09 / 2001

Amount of Each Disbursement this Period  
1000.00

Transaction ID: SB23.4361

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>6000.00</b>