

# 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 (CHPA/PAC)

ADDRESS (number and street) 900 19th Street, NW  
 Suite 700  
 Check if different than previously reported. (ACC)  
 Washington DC 20006

2. **FEC IDENTIFICATION NUMBER** C00040584

3. IS THIS REPORT  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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

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 Andrew Fish

Signature of Treasurer Electronically Filed by Andrew Fish Date 04 30 2009

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		10557.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	9091.89									
(c) Total Receipts (from Line 19) .....	17400.00	25050.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	26491.89	35607.41								
7. Total Disbursements (from Line 31) .....	8582.70	17698.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17909.19	17909.19								
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**

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	11950.00	17600.00
(i) Itemized (use Schedule A) .....	2950.00	2950.00
(ii) Unitemized .....	14900.00	20550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2500.00	4500.00
(c) Other Political Committees (such as PACs) .....	17400.00	25050.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	17400.00	25050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17400.00	25050.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	82.70	198.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	82.70	198.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	17500.00
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 Activity (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))..	8582.70	17698.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8582.70	17698.22

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	17400.00	25050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17400.00	25050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	82.70	198.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	82.70	198.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15		
	<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

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher Allen		Date of Receipt
	Mailing Address 86 Alder Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 03 / 2007
	City	State	Zip Code
	Bernards Township	NJ	07920
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5463
Name of Employer Bayer		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Gary Balkema		Date of Receipt
	Mailing Address 15 West Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 03 / 2007
	City	State	Zip Code
	Mahwah	NJ	07430-2917
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5470
Name of Employer Bayer		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Wes Cetnarowski		Date of Receipt
	Mailing Address 304 Mount Harmony Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 03 / 2007
	City	State	Zip Code
	Bernardsville	NJ	07924
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5464
Name of Employer Bayer HealthCare LLC		Occupation Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for 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)

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen C. Donahoe

Mailing Address 12 Hunter Point

City State Zip Code  
Scarborough ME 04074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bayer Healthcare Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.5474

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Fish

Mailing Address 4603 Roland Ave

City State Zip Code  
Baltimore MD 21210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHPA Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.5459

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Zan Guerry

Mailing Address 1715 West 38th Street

City State Zip Code  
Chattanooga TN 37409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chattem, Inc. Chairman & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.5499

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 8 / 15  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Hayes

Mailing Address 4 Birdsong Court

City State Zip Code  
Chester NJ 07930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bayer Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2007

**Transaction ID:** SA11AI.5467

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
John Hendrickson

Mailing Address 2350 Onekama SE

City State Zip Code  
Grand Rapids MI 49506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Perrigo Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
12 / 18 / 2007

**Transaction ID:** SA11AI.5519

Amount of Each Receipt this Period  
850.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Johnson

Mailing Address 1 John Applegate Road

City State Zip Code  
Redding CT 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Combe, Inc. Senior Vice President & Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2007

**Transaction ID:** SA11AI.5475

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 9 / 15  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Rick June

Mailing Address 3161 Sawgrass Court

City State Zip Code  
Cincinnati OH 45244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Procter and Gamble Co- Management  
mpny

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** SA11AI.5497

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick Lonergan

Mailing Address 165 Northfield Avenue

City State Zip Code  
Edison NJ 08837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NUMARK Labs Partner, President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.5503

Amount of Each Receipt this Period  
1000.00

Personal Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms Karen May

Mailing Address 23 Mayer Drive

City State Zip Code  
Suffern NY 10901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bayer HealthCare Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.5466

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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)

**A.**

Full Name (Last, First, Middle Initial)  
David Spangler

Mailing Address 1449 N Street, NW  
Apartment 3

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer CHPA Occupation Senior VP., Policy & Int'l Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2007  
Transaction ID: SA11AI.5476  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
David Spangler

Mailing Address 1449 N Street, NW  
Apartment 3

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer CHPA Occupation Senior VP., Policy & Int'l Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2007  
Transaction ID: SA11AI.5477  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ian Spinks

Mailing Address 12 Warnke Lane

City Scarsdale State NY Zip Code 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Bayer Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2007  
Transaction ID: SA11AI.5471  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Suydam		Date of Receipt	
	Mailing Address 12314 Riding Fields Road		M M / D D / Y Y Y Y 08 / 07 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5458
	Rockville	MD	20850	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		3000.00	
Name of Employer CHPA		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11950.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 15  
(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)

A.

Full Name (Last, First, Middle Initial)  
SCHERING - PLOUGH CORPORATION BETTER GOVERNMENT FUND

Mailing Address 2000 Galloping Hill Rd

City State Zip Code  
Kenilworth NJ 07033

FEC ID number of contributing federal political committee. **C** C00108290

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11C.5527

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

**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)

<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)

A.	Full Name (Last, First, Middle Initial) Anna Eshoo for Congress	Transaction ID: SB23.5488 Date of Disbursement 09 / 18 / 2007
	Mailing Address 555 Capitol Mall Suite 1425	Amount of Each Disbursement this Period 500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE	Transaction ID: SB23.5483 Date of Disbursement 08 / 01 / 2007
	Mailing Address 500 RED SAIL WAY	Amount of Each Disbursement this Period 1000.00
	City SATELITE BEACH State FL Zip Code 32937	
	Purpose of Disbursement	Category/Type
	Candidate Name BILL NELSON FOR U S SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: SB23.5481 Date of Disbursement 07 / 18 / 2007
	Mailing Address P O BOX 811	Amount of Each Disbursement this Period 2000.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement	Category/Type
	Candidate Name CITIZENS FOR HARKIN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<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)

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee for a Democratic Majority Mailing Address 301 Fourth St, NE, Suite 202 City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Leadership PAC	<b>Transaction ID:</b> SB23.5504 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00
<b>B.</b> Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address PO Box 521048 Suite A City Salt Lake City State UT Zip Code 84152 Purpose of Disbursement Candidate Name MATHESON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID:</b> SB23.5489 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS Mailing Address P O BOX 902 City GAINESVILLE State GA Zip Code 30503 Purpose of Disbursement Candidate Name NATHAN DEAL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID:</b> SB23.5491 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<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)

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ROGERS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5496 <b>Date of Disbursement</b>	
	Mailing Address Post Office Box 581 Post Office Box 581	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period	<input type="text" value="500.00"/>
	Purpose of Disbursement <input type="text"/>	Candidate Name <b>ROGERS FOR CONGRESS</b>	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>STUPAK FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5482 <b>Date of Disbursement</b>	
	Mailing Address 817 9TH AVENUE PO BOX 143	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
	City MENOMINEE State MI Zip Code 49858	Amount of Each Disbursement this Period	<input type="text" value="1000.00"/>
	Purpose of Disbursement <input type="text"/>	Candidate Name <b>STUPAK FOR CONGRESS</b>	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>TEXANS FOR SENATOR JOHN CORNYN INC</b>	<b>Transaction ID:</b> SB23.5486 <b>Date of Disbursement</b>	
	Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period	<input type="text" value="500.00"/>
	Purpose of Disbursement <input type="text"/>	Candidate Name <b>TEXANS FOR SENATOR JOHN CORNYN INC</b>	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text" value="8500.00"/>