

# 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:  
 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 (12G)  
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 2006 through 09 30 2006

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 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.

**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	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		11498.38
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	17483.77									
(c) Total Receipts (from Line 19) .....	10650.00	24719.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28133.77	36218.25								
7. Total Disbursements (from Line 31) .....	15090.11	23174.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13043.66	13043.66								
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:    To:

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	6500.00	17200.00
(i) Itemized (use Schedule A) .....	650.00	3775.00
(ii) Unitemized .....	7150.00	20975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	3500.00	3500.00
(c) Other Political Committees (such as PACs) .....	10650.00	24475.00
(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	244.87
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)) .....	10650.00	24719.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10650.00	24719.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	90.11	174.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	90.11	174.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	22000.00
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 .....	1000.00	1000.00
(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)) .....	1000.00	1000.00
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))..	15090.11	23174.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15090.11	23174.59

**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) .....	10650.00	24475.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9650.00	23475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90.11	174.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	244.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90.11	-70.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<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	

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. Helmut Albrecht</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 60 W. 23rd Street Apt. 1904		<b>Transaction ID: SA11A1.5352</b>	
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adams Respiratory	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Natalie Bartner</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 31 Puddingstone Way		<b>Transaction ID: SA11A1.5330</b>	
City State Zip Code Florham Park NJ 07932	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Wyeth		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. David Becker</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address Unit 1512 3900 Grapevine Mills Road		<b>Transaction ID: SA11A1.5355</b>	
City State Zip Code Grapevine TX 76051	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adams Respiratory	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<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: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Roger Berlin

Mailing Address 1 Redman Farm Road

City Mendham State NJ Zip Code 07945

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

Name of Employer Wyeth Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2006

Transaction ID: SA11A1.5332

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 722 Harriton Road

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Hylands Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2006

Transaction ID: SA11A1.5334

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert D. Casale

Mailing Address 3 Abbington Way  
P.O. Box 295

City Brookside State NJ Zip Code 07926

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

Name of Employer Adams Respiratory Therapeutics Occupation V.P. Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2006

Transaction ID: SA11A1.5357

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<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: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
Scott Emerson

Mailing Address 407 East Lancaster Ave.

City State Zip Code  
Wayne PA 19087

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

Name of Employer Occupation  
The Emerson Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.5326

Amount of Each Receipt this Period  
1000.00

**B.** 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  
Chatten, Inc. Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: SA11A1.5323

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Larsen

Mailing Address 1449 Harvard Street NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
CHPA Assistant General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

Transaction ID: SA11A1.5325

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<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: (check only one)	PAGE 9 / 17
	<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.</b> Mr. Thomas Long		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 3930 Spring Garden Drive		<b>Transaction ID:</b> SA11A1.5353	
City State Zip Code Colleyville TX 76034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adams Respiratory	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Timothy McFadden		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 2 Beacon Hill Drive		<b>Transaction ID:</b> SA11A1.5328	
City State Zip Code Chester NJ 07930	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wyeth	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Brian McNamara		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 11 Chesterfield Drive		<b>Transaction ID:</b> SA11A1.5324	
City State Zip Code Chester NJ 07930	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<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: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Douglas Rogers

Mailing Address 18 Ursula Court

City Mendham State NJ Zip Code 07945

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

Name of Employer Wyeth Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	6

Transaction ID: SA11A1.5327

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	6

Transaction ID: SA11A1.5337

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
John Thievon

Mailing Address 4648 O'Connor Court

City Irving State TX Zip Code 75062

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

Name of Employer Adams Respiratory Therapeutics Occupation V.P. Sales & Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.5344

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<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 11 / 17	
	(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)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Valentino

Mailing Address 4 Woodhull Drive

City State Zip Code  
Chester NJ 07930

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

Name of Employer Adams Respiratory Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.5350

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<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 PAC (CHPA/PAC)

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

Mailing Address Bayer Road

City State Zip Code  
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C** C00155713

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

**Transaction ID:** SA11C.5336

Amount of Each Receipt this Period  
1000.00

PAC-to-PAC transfer

**B.** Full Name (Last, First, Middle Initial)  
Schering-Plough

Mailing Address 1 Giralda Farm

City State Zip Code  
Madison NJ 07940

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
0	9	/	2	1	/	2	0	0	6

**Transaction ID:** SA11C.5360

Amount of Each Receipt this Period  
2500.00

Better Government Fund (P-AC)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3500.00

**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)

Full Name (Last, First, Middle Initial) <b>A. ANNA ESHOO FOR CONGRESS</b>		<b>Transaction ID: SB23.5315</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
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 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. JOE L BARTON</b>		<b>Transaction ID: SB23.5313</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 701 Williamsburg		Amount of Each Disbursement this Period 3000.00
City Ennis State TX Zip Code 75119		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. BILL NELSON FOR U S SENATE</b>		<b>Transaction ID: SB23.5307</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
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 Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<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)

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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 PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial) <b>A. DAVE CAMP FOR CONGRESS 2006</b>		<b>Transaction ID: SB23.5296</b> Date of Disbursement
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City MIDLAND	State MI	Zip Code 48640
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 04	

Full Name (Last, First, Middle Initial) <b>B. DEMINT FOR SENATE COMMITTEE INC</b>		<b>Transaction ID: SB23.5310</b> Date of Disbursement
Mailing Address PO BOX 12425		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City COLUMBIA	State SC	Zip Code 29211
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF LOIS CAPP</b>		<b>Transaction ID: SB23.5309</b> Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 23	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial) <b>A. HATCH ELECTION COMMITTEE INC</b>		<b>Transaction ID: SB23.5292</b> Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City SALT LAKE CITY	State UT	Zip Code 84101
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Nancy JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5301</b> Date of Disbursement
Mailing Address P.O. Box 1986		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

Full Name (Last, First, Middle Initial) <b>C. NATHAN DEAL FOR CONGRESS</b>		<b>Transaction ID: SB23.5305</b> Date of Disbursement
Mailing Address P O BOX 902		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City GAINESVILLE	State GA	Zip Code 30503
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 PAC (CHPA/PAC)

Full Name (Last, First, Middle Initial) <b>A. PEOPLE WITH HART INC</b>		<b>Transaction ID: SB23.5308</b> Date of Disbursement 09 / 19 / 2006
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford	State PA	
Zip Code 15090		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 04		

Full Name (Last, First, Middle Initial) <b>B. STUPAK FOR CONGRESS</b>		<b>Transaction ID: SB23.5295</b> Date of Disbursement 07 / 25 / 2006
Mailing Address 817 9TH AVENUE PO BOX 143		Amount of Each Disbursement this Period 1000.00
City MENOMINEE	State MI	
Zip Code 49858		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 01		

Full Name (Last, First, Middle Initial) <b>C. UPTON FOR ALL OF US</b>		<b>Transaction ID: SB23.5306</b> Date of Disbursement 09 / 19 / 2006
Mailing Address PO BOX 490		Amount of Each Disbursement this Period 1000.00
City ST JOSEPH	State MI	
Zip Code 49085		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	14000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" 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)  
Mr. Daniel Johnson

Mailing Address 1 John Applegate Road

City Redding State CT Zip Code 06896

Purpose of Disbursement  
Individual accidently contributed twice

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB28A.5294

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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