




*Producers of Quality  
Nonprescription Medicines and  
Dietary Supplements for Self-Care*

## CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

*Formerly Nonprescription Drug Manufacturers Association*

March 23, 1999

To: Federal Election Commission

From: Kevin J. Kraushaar  
Treasurer 

Re: Organization/Political Action Committee Name Change

On March 13, 1999, the Nonprescription Drug Manufacturers Association officially changed its name to the Consumer Healthcare Products Association. As a result, the name of our Political Action Committee should be changed to the Consumer Healthcare Products Association Political Action Committee (CHPA/PAC). I have enclosed a Revised Statement of Organization to that effect.

If you have any questions or comments, please do not hesitate to contact me.

KJK/kb

Enclosure: Revised Statement of Organization

MAR 24 1 20 PM '99

FEDERAL ELECTION  
COMMISSION MAIL ROOM

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) <b>Consumer Healthcare Products Association PAC (CHPA/PAC)</b>	2. DATE <b>3/23/99</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>1150 Connecticut Avenue, N.W.</b>	3. FEC IDENTIFICATION NUMBER <b>000040584</b>
(c) City, State and ZIP Code <b>Washington, D.C. 20036</b>	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>NO 24 1 20 PM '99</b>

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	State/District

- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Consumer Healthcare Products Association	1150 Connecticut Avenue, N.W. Washington, D.C. 20036	Connected

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
Treasurer		

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	Mailing Address	Title or Position
Kevin J. Kraushaar	1150 Connecticut Ave., N.W. Washington, D.C. 20036	Treasurer
J. Robert Brouse	(same)	Assistant Treasurer

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.	Mailing Address and ZIP Code
First Union Bank	1000 Connecticut Avenue, N.W. Washington, D.C. 20006

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 <b>Kevin J. Kraushaar</b>	SIGNATURE OF TREASURER 	DATE <b>3/23/99</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SH</i> PREPARER	3-24-99 DATE PREPARED