

**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  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)  
 Election on in the State of  
 General (30G) Runoff (30R) Special (30S)

5. Covering Period 11 26 2002 through 12 31 2002

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 31 2003

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>Month</sup> 11 <sup>Day</sup> 26 <sup>Year</sup> 2002 To: <sup>Month</sup> 12 <sup>Day</sup> 31 <sup>Year</sup> 2002

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>Year</sup> 2002                                                            |                         | 7218.05                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                       | 11336.81                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 0.00                    | 23425.00                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 11336.81                | 30643.05                          |
| 7. Total Disbursements (from Line 30) .....                                                                      | 1017.78                 | 20324.02                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 10319.03                | 10319.03                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (itemize all on<br>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> 11 <sup>DD</sup> 26 <sup>YYYY</sup> 2002

To: <sup>MM</sup> 12 <sup>DD</sup> 31 <sup>YYYY</sup> 2002

| I. Receipts                                                                                                  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                                   |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees                                                   | 0.00                          |                                   |
| (i) Itemized (use Schedule A) .....                                                                          | 0.00                          |                                   |
| (ii) Unitemized .....                                                                                        | 0.00                          |                                   |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii) ..... ▶                                                          | 0.00                          | 17425.00                          |
| (b) Political Party Committees .....                                                                         | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....                                                       | 0.00                          | 6000.00                           |
| (d) Total Contributions (add Lines<br>11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 32, page 4) ..... ▶   | 0.00                          | 23425.00                          |
| 12. Transfers From Affiliated/Other<br>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<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 36, page 4) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made<br>to Federal candidates and Other<br>Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.) .....                                              | 0.00                          | 0.00                              |
| 18. Transfers from Nonfederal<br>Account for Joint Activity .....                                            | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18) ..... ▶                              | 0.00                          | 23425.00                          |
| 20. Total Federal Receipts<br>(subtract Line 18 from Line 19) ..... ▶                                        | 0.00                          | 23425.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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| <b>II. DISBURSEMENTS</b>                                                                       |  | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>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.....                                                  |  | 17.78                                | 74.02                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        |  | 17.78                                | 74.02                                    |
| 22. Transfers to Affiliated/Other Party Committees.....                                        |  | 0.00                                 | 0.00                                     |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         |  | 1000.00                              | 20250.00                                 |
| 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)..... ▶        |  | 1017.78                              | 20324.02                                 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶                  |  | 1017.78                              | 20324.02                                 |
| <hr/>                                                                                          |  |                                      |                                          |
| <b>III. Net Contributions/Operating Expenditures</b>                                           |  |                                      |                                          |
| 32. Total Contributions (other than loans) from Line 11(d), page 3).....                       |  | 0.00                                 | 23425.00                                 |
| 33. Total Contribution Refunds (from Line 28(d)).....                                          |  | 0.00                                 | 0.00                                     |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....                  |  | 0.00                                 | 23425.00                                 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶             |  | 17.78                                | 74.02                                    |
| 36. Offsets to Operating Expenditures (from Line 15, page 3).....                              |  | 0.00                                 | 0.00                                     |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶                          |  | 17.78                                | 74.02                                    |

**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  |                             |                                        |                              |                              |

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)<br><b>A. FRIENDS OF MARK FOLEY FOR CONGRESS</b> |                                                                                                                        | Date of Disbursement<br>12 / 27 / 2002             |
| Mailing Address<br>1316 LAKE VICTORIA DR<br>City LAKE WORTH State FL Zip Code 33461     |                                                                                                                        | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>Contribution                                                 | Candidate Name                                                                                                         | Category/<br>Type                                  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President         |                                                                                                                        |                                                    |
| State: FL District: 16                                                                  | Disbursement For:<br>Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify) ▼ | Transaction ID: 5B23.4563                          |

**B.**

**C.**

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>1000.00</b> |