

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 01 01 2006 through 03 31 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 06 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**

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Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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	11498.38									
(c) Total Receipts (from Line 19)	1744.87	1744.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13243.25	13243.25								
7. Total Disbursements (from Line 31)	5041.24	5041.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8202.01	8202.01								
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**

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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)	1500.00	1500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1500.00	1500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1500.00	1500.00
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 37, page 5)	244.87	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))	1744.87	1744.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1744.87	1744.87

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	41.24	41.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	41.24	41.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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))..	5041.24	5041.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5041.24	5041.24

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)	1500.00	1500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1500.00	1500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41.24	41.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	244.87	244.87
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-203.63	-203.63

**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 / 9
	<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	

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) A. Ms. Eve Bachrach		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 3225 Grace Street, NW #213		Transaction ID: SA11A1.5184	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CHPA Senior Vice President, General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Matthew Seiden		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006	
Mailing Address 32 Twin Oak Road		Transaction ID: SA11A1.5187	
City State Zip Code Short Hills NJ 07078		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation The Seiden Group President, CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Susan Small Weil		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006	
Mailing Address 36 Main Street		Transaction ID: SA11A1.5186	
City State Zip Code Port Washington NY 11050		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation The Seiden Group			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	1500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 9	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
Consumer Healthcare Products Association PAC (CHPA/PAC)

Mailing Address 900 19th Street, NW
Suite 700

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00040584

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.87

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA15.5185

Amount of Each Receipt this Period
244.87

SUBTOTAL of Receipts This Page (optional)	▶	244.87
TOTAL This Period (last page this line number only)	▶	244.87

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) A. STEVE CHABOT		Transaction ID: SB23.5205 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 3014 Harrison Ave.		Amount of Each Disbursement this Period 500.00
City Cincinnati State OH Zip Code 45211		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	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. Howard Coble		Transaction ID: SB23.5217 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 1177 PO Box 1177		Amount of Each Disbursement this Period 1000.00
City Greensboro State NC Zip Code 27402		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC 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) C. JOHN D DINGELL		Transaction ID: SB23.5203 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

<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) A. BARTON JENNINGS GORDON		Transaction ID: SB23.5201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 940 EAST NORTHFIELD BOULEVARD		Amount of Each Disbursement this Period 500.00
City MURFREESBORO State TN Zip Code 37130		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RICK R LARSEN		Transaction ID: SB23.5209 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 326		Amount of Each Disbursement this Period 1000.00
City Everett State WA Zip Code 98206		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RICHARD J SANTORUM		Transaction ID: SB23.5199 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 1000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	5000.00