

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 PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1101 17TH STREET NW SUITE 300 WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER C00113845 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2008 through 11 24 2008

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. John Hurson Signature of Treasurer Electronically Filed by Mr. John Hurson Date 12 04 2008

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 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		23665.11
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	28829.78									
(c) Total Receipts (from Line 19) .....	2236.96	42545.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31066.74	66210.72								
7. Total Disbursements (from Line 31) .....	12000.00	47143.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19066.74	19066.74								
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

PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	2221.96	42155.61
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	15.00	390.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2236.96	42545.61
(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) .....	2236.96	42545.61
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)) .....	2236.96	42545.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2236.96	42545.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	34500.00
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	10000.00
(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	10000.00
29. Other Disbursements.....	1000.00	2643.98
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))..	12000.00	47143.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	47143.98

**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 .....	2236.96	42545.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2236.96	32545.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# 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 / 12
	<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)  
PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) PAMELA G. BAILEY	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 1101 17TH STREET, NW	<b>Transaction ID:</b> SA11AI.5182
	City State Zip Code WASHINGTON DC 20036	Amount of Each Receipt this Period 221.96
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer PERSONAL CARE PRODUCTS CO-UNCIL	Occupation PRESIDENT & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1555.61	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cynthia Breen	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 90 East End Avenue Apt 11-B	<b>Transaction ID:</b> SA11AI.5170
	City State Zip Code New York NY 10028	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Estee Lauder	Occupation Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary E. Jinks	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 6404 Vicki Lane	<b>Transaction ID:</b> SA11AI.5172
	City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Mary Kay, Inc.	Occupation Senior Vice-President, Sales	
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) .....	<b>971.96</b>
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 12
	<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)  
PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Gregg Jodie	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 9617 Windy Hill Road	<b>Transaction ID:</b> SA11AI.5180
	City State Zip Code Dallas TX 75238	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Mary Kay, Inc. Occupation CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nathan Moore	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 2900 Sun Meadow Drive	<b>Transaction ID:</b> SA11AI.5168
	City State Zip Code Flower Mound TX 75022	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Mary Kay, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Darrell Overcash	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 618 Coppell Drive	<b>Transaction ID:</b> SA11AI.5176
	City State Zip Code Coppell TX 75019	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Mary Kay, Inc. Occupation Manager 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) .....	<b>750.00</b>
<b>TOTAL</b> 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: <span style="float: right;">PAGE 8 / 12</span>
	(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)  
PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Rhonda Shasteen		Date of Receipt
	Mailing Address 1450 Snider Lane		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lucas	TX	75002
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mary Kay, Inc.		Occupation Chief Marketing Officer	<b>Transaction ID:</b> SA11AI.5178
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Terry Smith		Date of Receipt
	Mailing Address 4287 Belt Line Road Apt 334		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Addison	TX	75001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mary Kay, Inc.		Occupation Chief Financial Officer	<b>Transaction ID:</b> SA11AI.5174
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2221.96"/>

**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)  
PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO REELECT ED TOWNS	Transaction ID: SB23.5188 Date of Disbursement																			
	Mailing Address 426 C STREET NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	8												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name COMMITTEE TO REELECT ED TOWNS	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: SB23.5194 Date of Disbursement																			
	Mailing Address 6380 Wilshire Blvd Suite 1612	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	8												
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Congressman Waxman Campaign Committee	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) John Dingell for Congress Committee	Transaction ID: SB23.5200 Date of Disbursement																			
	Mailing Address 19855 West Outer Drive Suite 103 E-A	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	8												
	City Dearborn State MI Zip Code 48124	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name John Dingell for Congress Committee	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	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) .....	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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)  
PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nathan Deal for Congress</p> <p>Mailing Address P.O. Box 902</p> <p>City Gainesville State TX Zip Code 30503</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Nathan Deal for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5184 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	0	/	2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Pallone for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5204 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>4000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	8	4000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	1	/	2	0	0	8													
4000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement CONTRIBUTION <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rangel for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5187 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	0	/	2	0	0	8													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

# 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

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)  
PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Solis for Congress <hr/> Mailing Address 1531 Purdue Avenue <hr/> City Los Angeles State CA Zip Code 90025 <hr/> Purpose of Disbursement Contribution Candidate Name Solis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5197 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) Sue Myrick for Congress <hr/> Mailing Address PO Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement Contribution Candidate Name Sue Myrick for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5191 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	11000.00

**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)

PAGE 12 / 12

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PERSONAL CARE PRODUCTS COUNCIL (formerly CTFA) POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Anne-Henley Beck (for Prsonl Care Council)

Transaction ID: SB29.5207

Date of Disbursement

Mailing Address 1101 17th Street, NW  
Suite 300

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
In-Kind Contribution Reimbursement

003
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Category/  
Type

Candidate Name  
Pallone for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: NJ District: 06

B.

Full Name (Last, First, Middle Initial)  
Anne-Henley Beck (for Prsonl Care Council)

Transaction ID: SB29.5208

Date of Disbursement

Mailing Address 1101 17th Street, NW  
Suite 300

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
In-Kind Contribution Reimbursement

003
-----

Category/  
Type

Candidate Name  
Pallone for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: NJ District: 06

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

1000.00
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TOTAL This Period (last page this line number only) .....

1000.00
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