

**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) **Check if different than previously reported. (ACC)**
 1150 Connecticut Avenue, N.W.
 12th Floor
 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)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 01 01 2002 through 03 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 04 11 2002

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**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Consumer Healthcare Products Association

Report Covering the Period: From: ^h 0 1 ^d 0 1 ^y 2 0 0 2 To: ^h 0 3 ^d 3 1 ^y 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 2		7218.05
(b) Cash on Hand at Beginning of Reporting Period	7218.05	
(c) Total Receipts (from Line 19)	6400.00	6400.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13618.05	13618.05
7. Total Disbursements (from Line 30)	6522.09	6522.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7095.96	7095.96
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**

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Page 3

Write or Type Committee Name

Consumer Healthcare Products Association

Report Covering the Period: From: ^W 0 1 ^D 0 1 ^Y 2 0 0 2 To: ^W 0 3 ^D 3 1 ^Y 2 0 0 2

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)	2800.00	
(ii) Unitemized	600.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3400.00	3400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	6400.00	6400.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	6400.00	6400.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	6400.00	6400.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	22.09	22.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22.09	22.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	6500.00
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)..... ▶	6522.09	6522.09
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6522.09	6522.09
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6400.00	6400.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6400.00	6400.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	22.09	22.09
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	22.09	22.09

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 10

(check only one)

11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)

A. Ms. Eve Bachrach

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 13 / 2002

3225 Grace Street, NW #213

City State Zip Code

Washington DC 20007

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
CHPA Senior Vice President, General Counsel

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.4367

Full Name (Last, First, Middle Initial)

B. Patti Desouz

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 15 / 2002

801 West Nolcrest Drive

City State Zip Code

Silver Spring MD 20903

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation
CHPA VP

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4369

Full Name (Last, First, Middle Initial)

C. Robert Donovan

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 15 / 2002

22 Prospect Road

City State Zip Code

Westport CT 06880

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Occupation
CHPA President

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4373

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL 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 6 / 10	
	<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"/> 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

Full Name (Last, First, Middle Initial)
A. Mr. Kevin Kraushaar

Mailing Address
16230 Bellingham Drive

City State Zip Code
Germantown MD 20874

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
1000.00

Name of Employer CHPA	Occupation VP-Gov't Relations
--------------------------	----------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4368

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	2800.00

**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)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

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. C00155713

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M / D / Y Y Y Y
01 / 30 / 2002

Amount of Each Receipt this Period
1000.00

Transaction ID: SA11C.4381

B. Full Name (Last, First, Middle Initial)
Pfizer PAC

Mailing Address
235 East 42nd Street

City State Zip Code
New York NY 10017

FEC ID number of contributing federal political committee. C00016683

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M / D / Y Y Y Y
01 / 28 / 2002

Amount of Each Receipt this Period
2000.00

Transaction ID: SA11C.4383

C.

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

**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)

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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				

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) A. BILIRAKIS, MICHAEL		Date of Disbursement 03 / 20 / 2002	
Mailing Address PO BOX 697 City: TARPON SPRINGS State: FL Zip Code: 34688		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4395	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 09			

Full Name (Last, First, Middle Initial) B. COLLINS FOR SENATOR		Date of Disbursement 03 / 20 / 2002	
Mailing Address PO BOX 1088 City: BANGOR State: ME Zip Code: 04402		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4393	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ME District: 00			

Full Name (Last, First, Middle Initial) C. FRIENDS OF DAVE WELDON		Date of Disbursement 03 / 13 / 2002	
Mailing Address PO BOX 988 City: MELBOURNE State: FL Zip Code: 32902		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4390	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 15			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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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				

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) A. HUTCHINSON FOR SENATE		Date of Disbursement 03 / 16 / 2002	
Mailing Address PO BOX 998 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4391	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR District: 00			

Full Name (Last, First, Middle Initial) B. MIKE ROGERS FOR CONGRESS		Date of Disbursement 02 / 27 / 2002	
Mailing Address 1304 QUINTARD AVENUE City: ANNISTON State: AL Zip Code: 36201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4387	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AL District: 03			

Full Name (Last, First, Middle Initial) C. NATHAN DEAL FOR CONGRESS		Date of Disbursement 03 / 19 / 2002	
Mailing Address P O BOX 802 City: GAINESVILLE State: GA Zip Code: 30503		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4382	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA District: 08			

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

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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				

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NAME OF COMMITTEE (In Full)
Consumer Healthcare Products Association

Full Name (Last, First, Middle Initial) A. NORWOOD FOR CONGRESS		Date of Disbursement 02 / 13 / 2002	
Mailing Address PO Box 499 City State Zip Code Evans GA 30809		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: 5B23.4386	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA District: 10			

Full Name (Last, First, Middle Initial) B. UPTON FOR ALL OF US		Date of Disbursement 03 / 13 / 2002	
Mailing Address PO BOX 490 City State Zip Code ST JOSEPH MI 49086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: 5B23.4389	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI District: 06			

C.

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	6500.00