

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 18 A 11:27

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Consumer Healthcare Products Association PAC		2. FEC IDENTIFICATION NUMBER C00040584
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1150 Connecticut Avenue, N.W.		
CITY, STATE and ZIP CODE Washington, D.C. 20036		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 116)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

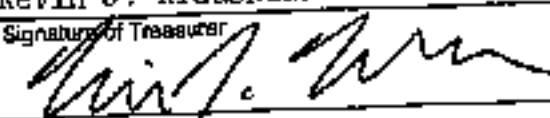
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Governing Period <u>1/1/00</u> through <u>3/31/00</u>		
6. (a) Cash on Hand January 1, 2000 2000		\$ 17,251.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,251.68	
(c) Total Receipts (from Line 19)	\$ 5,425.00	\$ 5,425.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,676.68	\$ 22,676.68
7. Total Disbursements (from Line 30)	\$ 13,250.00	\$ 13,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,426.68	\$ 9,426.68
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Kevin J. Kraushaar

Signature of Treasurer 

Date
4/11/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Consumer Healthcare Products Association PAC		REPORT COVERING PERIOD FROM 1/1/00 TO 3/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		4,950.00	4,950.00
i. Itemized (use Schedule A)		475.00	475.00
ii. Unitemized			
iii. Total	(add i and ii) >	5,425.00	5,425.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions	(add a ii, b and c) >	5,425.00	5,425.00
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.)		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 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,425.00	5,425.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	5,425.00	5,425.00
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
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 a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees		13,250.00	13,250.00
23. Contributions to Federal Candidate/Committees and Other Political Committees		0.00	0.00
24. Independent Expenditures (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:		0.00	0.00
a. Individual/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 a, b and c) >	0.00	0.00
29. Other Disbursements		13,250.00	13,250.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,250.00	13,250.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	13,250.00	13,250.00
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		5,425.00	5,425.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		5,425.00	5,425.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 1181

CONTRIBUTIONS FROM INDIVIDUALS

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Spangler 1337 Wallach Place Washington, DC 20009	CHPA	2/14/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP-International	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin J. Kraushaar 16230 Bellingham Drive Germantown, MD 20874	CHPA	2/24/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Dir. Gov't Rel.	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Green 350 Hampton Place Hinsdale, IL 60521	Blistex	2/24/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eve E. Bachrach 3225 Grace Street, N.W. #213 Washington, DC 20007	CHPA	3/1/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Gen'l Couns.	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Ott 110 Cherry Street San Francisco, CA 94118	Shaklee Corp.	3/9/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Kuhlík 4946 Rock Spring Road Arlington, VA 22207	Covington & Burling	3/9/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Counsel	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Johnson 1 John Applegate Road Redding, CT 06896	Combe, Inc.	3/14/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice Pres.	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) \$ 3,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 & 1

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (in Full)

Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Barton Hutt 1201 Pennsylvania Avenue, N.W. Washington, DC 20004	Covington & Burling Counsel	3/17/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$ 1,000.00
TOTAL This Period (last page this line number only)	\$ 4,950.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

DISBURSEMENTS TO FEDERAL CANDIDATES

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gene Green Congressional Campaign P.O. Box 75214 Washington, DC 20013	G. Green, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/00	\$ 500.00
Friends of Lois Capps 38 Ivy Street, SE Washington, DC 20003	L. Capps, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/7/00	\$ 500.00
Stupak for Congress Committee 998 North Royal Street Alexandria, VA 22314	B. Stupak, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/7/00	\$ 500.00
CAMPAC 2550 M Street, N.W. #275 Washington, D.C. 20037	contribution to qualified nonparty committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/00	\$ 250.00
Karen McCarthy for Congress P.O. Box 28840 Washington, DC 20013	K. McCarthy, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/00	\$ 500.00
Congress Waxman Campaign Committee P.O. Box 2884 Washington, DC 20013	H. Waxman, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$ 1,000.00
Congressman Fred Upton Trust PAC P.O. Box 221543 Chantilly, VA 20153	F. Upton, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$ 1,000.00
Jeffords for Vermont 507 Capitol Court, NE #100 Washington, DC 20002	J. Jeffords, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	\$ 1,000.00
Texans for Henry Bonilla 4451 Brookfield Corp. Drive #200 Chantilly, VA 20151	H. Bonilla, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	\$ 500.00

SUBTOTAL of Disbursements This Page (optional) \$ 5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

DISBURSEMENTS TO FEDERAL CANDIDATES

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwood for Congress P.O. Box 499 Fvans, GA 30809	C. Norwood, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Barrett for Congress P.O. Box 2884 Washington, D.C. 20013	T. Barrett, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Ashcroft for Senate 507 Capitol Court NE #100 Washington, DC 20002	J. Ashcroft, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00	\$ 1,000.00
D. Full Name, Mailing Address and ZIP Code John Dingell for Congress Committee P.O. Box 75214 Washington, DC 20013-5214	J. Dingell, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Kennedy for Senate 426 C Street, N.E. Washington, DC 20002	E. Kennedy, Sen. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	\$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	B. Gordon, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	\$ 1,500.00
G. Full Name, Mailing Address and ZIP Code Rogers for Congress P.O. Box 581 Brighton, MI 48116	M. Rogers, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress c/o Tucker & Associates 1350 I Street, NW #1010 Washington, DC 20005	M. Bilirakis, cong. cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/00	\$ 1,000.00
I. Full Name, Mailing Address and ZIP Code Mica for Congress P.O. Box 181546 Casselberry, FL 32718	J. Mica, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/00	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)	\$ 6,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

DISBURSEMENTS TO FEDERAL CANDIDATES

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

PAGE 3 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Consumer Healthcare Products Association Political Action Committee


A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 8600 LaSalle Road, #103 Baltimore, MD 21286	R. Ehrlich, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/28/00	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns 4451 Brookfield Corporate Drive #200 Chantilly, VA 20151	C. Stearns, Cong. Cand. contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/28/00	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 1,000.00
TOTAL This Period (last page this line number only)	\$ 13,250.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-13-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<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	
 PREPARER	4-18-00 DATE PREPARED