

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 5 12 00 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
 C00332395 030498
 PATRICIA SUNSERI
 MYLAN LABORATORIES INC PAC (MY
 LAN LABS PAC)
 130 SEVENTH STREET SUITE 1030
 CENTURY BLDG
 PITTSBURGH PA 15222

2. FEC IDENTIFICATION NUMBER
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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. Covering Period <u>1-1-98</u> through <u>3-31-98</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>98</u> | | \$ 5000 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 5,000 | |
| (c) Total Receipts (from Line 19) | \$ 39,000 | \$ 39,000 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(A) and 6(c) for Column B) | \$ 44,000 | \$ 44,000 |
| 7. Total Disbursements (from Line 30) | \$ 2,000 | \$ 2,000 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 42,000 | \$ 42,000 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | |

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 Kristine King
 Signature of Treasurer Kristine King Date 9-29-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | |
|---|-------------------------------|---------------------------|
| Mylan Laboratories Inc. PAC Mylan Labs PAC | FROM 1-1-98 | TO 3-31-98 |
| | COLUMN A Total This Period | COLUMN B Calendar Year |
| I Receipts | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 39,000 | 39,000 |
| ii. Unitemized | | |
| iii. Total (add i and ii) > | 39,000 | 39,000 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contributions (add a i, b and c) > | 39,000 | 39,000 |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 39,000 | 39,000 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | | |
| II Disbursements | | |
| 21. Operating Expenditures: | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | | |
| ii. Non-Federal Share | | |
| b. Other Federal Operating Expenditures | | |
| c. Total Operating Expenditures (add a i, a ii, and b) > | | |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2000 | 2000 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| a. Individual/Persons Other Than Political Committees | | |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contribution Refunds (add a, b and c) > | | |
| 29. Other Disbursements | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 2000 | 2000 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | |
| III Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) (from line 11d) | 39,000 | 39,000 |
| 33. Total Contribution Refunds (from line 28d) | | |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 39,000 | 39,000 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | | |
| 36. Offsets to Operating Expenditures (from line 15) | | |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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)

Mylan Laboratories Inc. PAC, Mylan Labs PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|--|---|
| <u>Donald C. Schilling</u> <u>5946 Havercrest Ct.</u> <u>Concord, NC 28027</u> | <u>Mylan Laboratories Inc.</u> | <u>1-19-98</u> | <u>\$1,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>Financial Officer</u> | Aggregate Year-to-Date > \$ <u>1000</u> | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| <u>Michael K. Goode</u> <u>152 Lakeside Dr.</u> <u>Morgantown WV 26505</u> | <u>Mylan Laboratories Inc.</u> | <u>1-12-98</u> | <u>\$1,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>Human Resources</u> | Aggregate Year-to-Date > \$ <u>1000</u> | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| <u>Milton Parker</u> <u>P.O. Box 4310</u> <u>Morgantown, WV 26505</u> | <u>Mylan Laboratories Inc.</u> | <u>1-12-98</u> | <u>\$5,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>CEO - President</u> | Aggregate Year-to-Date > \$ <u>5000</u> | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| <u>Roger L. Foster</u> <u>20 Dartmouth Dr.</u> <u>Morgantown, WV 26505</u> | <u>Mylan Laboratories Inc.</u> | <u>1-12-98</u> | <u>\$1,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>Legal Counsel</u> | Aggregate Year-to-Date > \$ <u>1,000</u> | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| <u>Roderick P. Jackson</u> <u>1456 Lakeland Ave.</u> <u>Morgantown, WV 26505</u> | <u>Mylan Laboratories Inc.</u> | <u>1-16-98</u> | <u>\$1,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>Sales - Executive</u> | Aggregate Year-to-Date > \$ <u>1000</u> | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| <u>Thomas S. Clark MD</u> <u>14 Poplar Woods</u> <u>Morgantown, WV 26505</u> | <u>Mylan Laboratories Inc.</u> | <u>1-12-98</u> | <u>\$5,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>Physician</u> | Aggregate Year-to-Date > \$ <u>5000</u> | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| <u>Jennifer Ogden</u> <u>1213 Philip St.</u> <u>Morgantown, WV 26505</u> | <u>n/a</u> | <u>2-10-98</u> | <u>\$5,000</u> |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation <u>Home maker</u> | Aggregate Year-to-Date > \$ <u>5000</u> | |

SUBTOTAL of Receipts This Page (optional)

\$19,000

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

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NAME OF COMMITTEE (in Full)

Mylan Laboratories Inc. PAC Mylan Labs PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|----------------------------|----------------------------------|------------------------------------|
| Charles T. Clark 14 Poplar Woods Morgantown, WV 26505 | P.P.R. Inc. | 2-9-98 | \$5000 |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Recruiter | Aggregate Year-to-Date > \$ 5000 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jean C. Clark 659 Poplar Woods Morgantown, WV 26505 | N/A | 2-10-98 | \$5000 |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Home Maker | 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 |
| James Hiller Hardie, Jr. 600 Linwood Rd. Canonsburg PA 15317 | P.P.R. Inc. | 1-30-98 | \$5000 |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: CFO | Aggregate Year-to-Date > \$ 5000 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Yolanda F. Williams 1299 Stewartstown Rd. Morgantown, WV 26505 | P.P.R. Inc. | 2-10-98 | \$5000 |
| Receipt For: Fundraising <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Vice President | Aggregate Year-to-Date > \$ 5000 | |
| 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): | Occupation: | 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): | Occupation: | 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): | Occupation: | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional) 20,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Mylon Laboratories Inc. PAC Mylon Labs PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Citizens for Arlen Specter 2017 Wm. S. Moorhead Federal Building Pittsburgh PA 15222 | Campaign fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3-25-98 | 2000 |
| B. 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 |
| 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) | 2000 |
| TOTAL This Period (last page this line number only) | |

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 <i>10-2-98</i> |
| <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 | |
| <i>SMD</i> PREPARER | <i>10-5-98</i> DATE PREPARED |