Clerk of the House of Representatives | Secretary of the Senate | Lagislative Resource Center | Office of Public Records | B-106 Cannon Building | 232 Hurt Building | Washington, DC 20515 | Washington, DC 20510

## LOBBYING REPORT

SECRETARY OF THE SENATE

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete Fait Page 11: 49

2. Address Check if different than previously repurted. 1201 Pennsylvania Avenue, N.W., Washington	, D.C. 20004	
3. Principal Place of Business (if different from tine 2)	NISHZI	
City:	State/Zip (or Country)	
4. Contact Name Telephone E. Peter Barton Hutt 202-662-5522	nail (optional) 5. Senate ID#	
7. Client Name Self Consumer Healthcare Products Association for Nonprescription Drug Manufacturers Associa	6. House 113#	
TYPE OF REPORT 8. Year 2000 Midyear (January  9. Check if this filling amends a previously filed version  10. Check if this is a Termination Report □ ⇒ Term  INCOME OR EXPENSES - Complete Either L	of this report  ination Date 11. No Lobbying Activity	
12. Lobbying Firms	13. Organizations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:	
Less than \$10,000 🖾	Less than \$10,000 []	
\$10,000 of more	\$10,000 or more	
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client.)	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.	
Cittay Ica axio, ing activities on some	Method A. Reporting amounts using LDA	
	definitions only  Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue	
0 - /	Code Method C. Reporting amounts under 162(e) of the Internal Revenue Code	
Signature the Auto Auto Auto	Date <u>August 2, 2000</u>	

Registrant Name	Covington & Burling	Client Name	Consumer Healthcare Product Association formerly Nonpres Drug Manufacturers Associati	cription
LOBBYING A	CTIVITY. Select as many	codes as necessary to	reflect the general issue areas in g period. Using a separate pa	which the
code, provide infor	mation as requested. Attach add	titional page(s) as no	eded.	io int capi
15. General issue	arca code HCR	(one per page)		
16. Specific lobby	ring issues			
Drug Legislation	· ·			
17. House(s) of Co	ongress and Federal agencies co	ntacted	Check if None	
House of Represe Senate	ntatives			
18. Name of each	individual who acted as a lobb	yist in this issue area		
	Name	Covered Off	icial Position (if applicable)	New
Peter Barton Hut		Partser		
Bruce N. Kuhlik		Partner		
	N-10-10-10-10-10-10-10-10-10-10-10-10-10-			<u></u>
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			i.	

Check if None

19. Interest of each foreign entity in the specific issues listed on line 16 above

Signature Printed Name and Title

Consumer Healthcare Products Association formerly Nonprescription Drug Manufacturers Association

20. Client new address				
21. Client new principal p	lace of business (if di	fferent from line 20)		
lity 2. New general description		State/Zip (o	r Country)	
2. New general description	on of Chem's dustriess	tor activities		
LOBBYIST UPDAT	Ē	Ludu in a language of	to get or a labbulet for t	na offent
<ol> <li>Name of each previous</li> </ol>	ly reported individua	I who is <b>no longer</b> expected	to act as a toooytst for it	ic citem
ISSUE UPDATE	s previously reported	that no longer pertain		
<ol><li>General lobbying issue</li></ol>				
24. General lobbying issue				
AFFILIATED ORG	ANIZATIONS	)		
AFFILIATED ORG	ANIZATIONS	Address	Principal Place of	
AFFILIATED ORG	ANIZATIONS		Principal Place of (city and state or	
AFFILIATED ORG 25. Add the following affi	ANIZATIONS (liated organization(s	Address	(city and state or	country)
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AFFILIATED ORG  25. Add the following affi  Name  26. Name of each previous	ANIZATIONS diated organization(s)	Address	(city and state or	country)
AFFILIATED ORG  25. Add the following affi  Name  26. Name of each previous	ANIZATIONS diated organization(s)	Address	(city and state or	country)
AFFILIATED ORG 25. Add the following offi  Name 26. Name of each previous  FOREIGN ENTITIE 27. Add the following for	ANIZATIONS diated organization(s)	Address  ion that is no longer affiliate  Principal place of business	(city and state or zet with the registrant or	country)  client  Ownership percentage in
AFFILIATED ORG 25. Add the following offi  Name 26. Name of each previous  FOREIGN ENTITIE 27. Add the following for Name	Seign entities Address	Address  ion that is no longer affiliate  Principal place of business	(city and state or  ed with the registrant or  Amount of contribution for lobbying activities	Ownership percentage is client