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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Society for Clinical Laboratory Science  
Political Action Committee

ADDRESS (number and street)

(Check if address is changed)

6701 Democracy Blvd., Suite 300  
Bethesda MD 20817  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

elissap@ascls.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

ascls.org

2. DATE 6/8/10

3. FEC IDENTIFICATION NUMBER C 00034645

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Debra M. Shell

Signature of Treasurer *Debra M. Shell* Date 6/8/10

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

10030351271

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f)

- This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                 |
|----|-----------------|
| 1. | FEC ID number C |
| 2. | FEC ID number C |
| 3. | FEC ID number C |
| 4. | FEC ID number C |

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Society for Clinical Laboratory Science

Mailing Address 6701 Democracy Blvd., Suite 300

Bethesda  
CITY

MD  
STATE

20817  
ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Elissa Passiment, Executive Vice President

Mailing Address 6701 Democracy Blvd., Suite 300

Bethesda  
CITY

MD  
STATE

20817  
ZIP CODE

Title or Position

CITY

STATE

ZIP CODE

Executive Vice President

Telephone number 301-657-2768

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Debra M. Shell

Mailing Address 5812 W. Bucks Kind.  
Pocatello ID 83201

CITY

STATE

ZIP CODE

Title or Position

ASCLS PAC Treasurer

Telephone number

208-234-0722

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Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

1449 -A Chainbridge Rd. McLean, VA 22101

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

10030351274

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
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USPS Express Mail Postmarked

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

 6/17/10  
PREPARER DATE PREPARED

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