



AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

RECEIVED  
FEDERAL CENTER  
2010 MAY 12 AM 10:04

May 6, 2010

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Identification number: C00034645

Dear FEC:

Pursuant to your letter of April 23, 2010 (copy attached) I was elected Treasurer of the ASCLS PAC in July of 2009.

Additionally, in response to item 2 in your letter, the error was on our mid year report where the \$9,250.60 was placed in the Other Disbursements, line 29 when that amount should have been zero—there were no other disbursements during the first half of 2009. The \$9,250.60 represents the total expenses for the period. I have attached an amended report for this period.

Feel free to contact me with any questions.

Very truly yours,

Debbie Shell  
Treasurer

10030330317



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

April 23, 2010

Linda Hickok, Treasurer  
American Society for Clinical Laboratory  
Science Political Action Committee  
6701 Democracy Blvd, Suite 300  
Bethesda, MD 20817

**Response Due Date:**  
**May 28, 2010**

Identification Number: C00034645

Reference: Year-End Report (7/1/09-12/31/09)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 2 items:

1. Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization. Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). 2 U.S.C. §434(a)(1) and 11 CFR §104.14(a) and (d) If a new treasurer has been appointed, please file an amended Statement of Organization (FORM 1) or a letter (if not an electronic filer) to reflect this change.
2. The total listed on Line 29, Column B of the Detailed Summary Page appears to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B total. Please amend your report and any subsequent reports that may be affected by this correction.

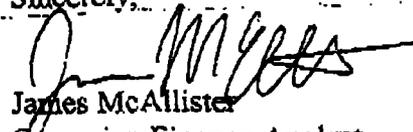
**Please note, you will not receive an additional notice from the Commission on this matter.** Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee

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will be placed on the public record and will be considered by the Commission prior to taking enforcement action. Requests for extensions of time in which to respond will not be considered.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1140.

Sincerely,



James McAllister  
Campaign Finance Analyst  
Reports Analysis Division

319

10030330319



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

Report Covering the Period: From:

01 ' 01 ' 2009

To:

06 ' 30 ' 2009

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <u>2009</u>		<u>633400</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>633400</u>	
(c) Total Receipts (from Line 19).....	<u>985660</u>	<u>985660</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		
7. Total Disbursements (from Line 31).....	<u>925060</u>	<u>925060</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>6394600</u>	<u>6394600</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



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

10030330321



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	225060	225060
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	225060	225060
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	700000	700000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	925060	925060
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	925060	925060

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DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....



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**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

PAGE 1 OF 3

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)  
**AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE**

**A. FEC**

Full Name (Last, First, Middle Initial)

Mailing Address: **999 R ST NW**

City: **WASHINGTON DC** State: **DC** Zip Code: **20463**

Purpose of Disbursement: **PRNLTYS**

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **05/07/2009**

Amount of Each Disbursement this Period: **62500**

**B. SUZANNE BUTCH**

Full Name (Last, First, Middle Initial)

Mailing Address: **1508 SOUTH BLVD**

City: **ANN ARBOR MI** State: **MI** Zip Code: **48104**

Purpose of Disbursement: **MEMORIOS**

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01/27/2009**

Amount of Each Disbursement this Period: **7000**

**C. COMPTROLLER OF MARYLAND**

Full Name (Last, First, Middle Initial)

Mailing Address: **REVENUE ADMIN DIVISION**

City: **ANNAPOLIS MD** State: **MD** Zip Code: **21411**

Purpose of Disbursement: **TAXES**

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **04/25/2009**

Amount of Each Disbursement this Period: **1300**

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10030330325

**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)

PAGE 2 OF 3

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

Full Name (Last, First, Middle Initial)

A.

ILS

Mailing Address

City: OGDEN State: UT Zip Code: 84201

Purpose of Disbursement: TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

04' 25' 2009

Amount of Each Disbursement this Period

184.00

B.

SUZANNE BUTCH

Mailing Address: 1508 SOUTH BLVD

City: ANN ARBOR State: MI Zip Code: 48104

Purpose of Disbursement: MOMENTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

06' 17' 2009

Amount of Each Disbursement this Period

310.60

C.

SUNTRUST BANK

Mailing Address

City State Zip Code

Purpose of Disbursement: BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

04' 30' 2009

Amount of Each Disbursement this Period

5.50

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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**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)

PAGE 3 OF 3

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

Full Name (Last, First, Middle Initial)

A. GELMAN ROSKUBRAG E. FREEDMAN

Date of Disbursement

Mailing Address

4550 MONTGOMERY AVE., #600 N

05	25	2009
----	----	------

City

BETHESDA

State

MD

Zip Code

20814

Purpose of Disbursement

AUDIT / TAX PREP

--

Amount of Each Disbursement this Period

41250
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Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

--	--	--

City

State

Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

--	--	--

City

State

Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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25506
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**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)		PAGE 1 OF 3	
<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)  
**AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE**

**A. BLUMENAUER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 02/12/2009

Mailing Address  
830 NE HOLLADAY #105

City: PORTLAND OR State: OR Zip Code: 97232

Purpose of Disbursement: CONTRIBUTION  
Amount of Each Disbursement this Period: 1000.00

Candidate Name: EARL BLUMENAUER  
Category/Type:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: OR District: 3LD

**B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 03/02/2009

Mailing Address  
6380 WILSHIRE BLVD #1612

City: LOS ANGELES CA State: CA Zip Code: 90048

Purpose of Disbursement: CONTRIBUTION  
Amount of Each Disbursement this Period: 1000.00

Candidate Name: HENRY WAXMAN  
Category/Type:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 35th

**C. COMMITTEE TO RESPECT JIM MCGOVERAN**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 04/22/2009

Mailing Address  
PO BOX 60105

City: WORCESTER MA State: MA Zip Code: 01606

Purpose of Disbursement: CONTRIBUTION  
Amount of Each Disbursement this Period: 1000.00

Candidate Name: JIM MCGOVERAN  
Category/Type:

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: MA District: 32D

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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**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)		PAGE 2 OF 2			
	<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)  
**AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE**

**A. PETE STALL REELECTION CAMPAIGN**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 8331**

City: **FREMONT CA** State: **CA** Zip Code: **94537**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **PETE STALL**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **13th**

Date of Disbursement: **04/30/2009**

Amount of Each Disbursement this Period: **2000.00**

**B. PALLONE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 3176**

City: **LONG BLANCH NJ** State: **NJ** Zip Code: **07740**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **FRANK PALLONE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NJ** District: **6th**

Date of Disbursement: **05/25/2009**

Amount of Each Disbursement this Period: **1500.00**

**C. DEGRATE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address: **600 GLANT ST, SUITE 202**

City: **DENVER, CO** State: **CO** Zip Code: **80203**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **DIANA DEGRATE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CO** District: **1st**

Date of Disbursement: **06/20/2009**

Amount of Each Disbursement this Period: **500.00**

**SUBTOTAL of Disbursements This Page (optional)** ..... ▶

**TOTAL This Period (last page this line number only)** ..... ▶

**7000.00**

10030330329

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

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *F2d EXP* Shipping Date  
*5/10/10*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

*5/12/10*  
 DATE PREPARED

10030330330