



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**LAB PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="3540.33"/>	<input type="text" value="3540.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3408.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2050.00"/>	<input type="text" value="2050.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5458.10"/>	<input type="text" value="5590.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1800.49"/>	<input type="text" value="1932.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3657.61"/>	<input type="text" value="3657.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LAB PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1850.00	1850.00
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2050.00	2050.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2050.00	2050.00
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.) (Carry Totals to Line 37, page 5).....	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 Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2050.00	2050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2050.00	2050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	75.49	207.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	75.49	207.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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:		
(a) Individuals/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 Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	725.00	725.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1800.49	1932.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1800.49	1932.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2050.00	2050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2050.00	2050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	75.49	207.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	75.49	207.72

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**LAB PAC**

**A. Anita M. Alvare-Gaynor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3131 W. Penn St.  
 City Philadelphia State PA Zip Code 19129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alvate Associates, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : SA11AI.4206**  
 Amount of Each Receipt this Period  
 500.00

**B. Andrew Merz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Lafayette Ave.  
 City Swarthmore State PA Zip Code 19081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Merz Group Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period  
 1000.00

**C. Melissa M. Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 Chandlee Dr.  
 City Berwyn State PA Zip Code 19312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alvare Associates Occupation Sr. Acct. Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.4213**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1850.00

# 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

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NAME OF COMMITTEE (In Full)  
**LAB PAC**

Full Name (Last, First, Middle Initial)  
**A. Winpisinger & Associates, Inc.**

Date of Disbursement  
MM / DD / YYYY  
08 / 04 / 2015

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement Administrative/Compliance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.4212**

Amount of Each Disbursement this Period  
75.49

Full Name (Last, First, Middle Initial)  
**B.**

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 75.49

**TOTAL** This Period (last page this line number only)..... ▶ 75.49

**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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LAB PAC**

Full Name (Last, First, Middle Initial)  
**A. GLENN IVEY FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
09 / 14 / 2015

Mailing Address 765 COUGAR DRIVE

City MILLERSVILLE State MD Zip Code 21108

Purpose of Disbursement Contribution  
Category/Type: 011

Candidate Name  
**GLENN FREDERICK IVEY**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MD District: 04

Transaction ID : **SB23.4215**

Amount of Each Disbursement this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. VAN HOLLEN FOR SENATE**

Date of Disbursement: MM / DD / YYYY  
07 / 29 / 2015

Mailing Address 10605 CONCORD ST SUITE 202

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement Contribution  
Category/Type: 011

Candidate Name  
**CHRIS VAN HOLLEN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MD District: 03

Transaction ID : **SB23.4207**

Amount of Each Disbursement this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement Contribution  
Category/Type

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LAB PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Clarence Lam**

Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

07 / 29 / 2015

**Transaction ID : SB29.4210**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Clarence Lam**

Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

09 / 04 / 2015

**Transaction ID : SB29.4214**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

600.00

600.00