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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

ADDRESS (number and street) ▼ 7910 WOODMONT AVENUE

☐ Check if different than previously reported. (ACC)

SUITE 530

BETHESDA MD 20814-

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00034645

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☒ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|---|---|---|---|
| ☐ Feb 20 (M2) | ☐ May 20 (M5) | ☐ Aug 20 (M8) | ☐ Nov 20 (M11) (Non-Election Year Only) |
| ☐ Mar 20 (M3) | ☐ Jun 20 (M6) | ☐ Sep 20 (M9) | ☐ Dec 20 (M12) (Non-Election Year Only) |
| ☐ Apr 20 (M4) | ☐ Jul 20 (M7) | ☐ Oct 20 (M10) | ☐ Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on __ / __ / ____ In the State of ____

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on __ / __ / ____ In the State of ____

5. Covering Period 01 / 01 / 2001 through 06 / 30 / 2001

*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 SUSAN MILLER

Signature of Treasurer Susan J Miller Date 07 / 25 / 2001

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

FEC FORM 3X (Revised 1/01)

FE1AN042

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)



Write or Type Committee Name

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

Report Covering the Period: From: 01 / 01 / 2001 To: 06 / 30 / 2001

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2001 | | 6770912 |
| (b) Cash on Hand at Beginning of Reporting Period | 6770912 | |
| (c) Total Receipts (from Line 19) | 795053 | 795053 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 7565965 | 7565965 |
| 7. Total Disbursements (from Line 30) | 1532861 | 1532861 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 6032204 | 6032204 |
| 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

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)



Write or Type Committee Name

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

Report Covering the Period: From: 07 / 01 / 2007 To: 06 / 30 / 2007

| 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) | | |
| (ii) Unitemized | 668300 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶ | 668300 | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶ | | |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 126753 | 126753 |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶ | 795053 | 795053 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) ▶ | 795053 | 795053 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)



| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | 1503861 | 1503861 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | | |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 25000 | 25000 |
| 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) 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 BANK CHARGES | 4000 | 4000 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶ | | |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 1532861 | 1532861 |

| III. Net Contributions/Operating Expenditures | | |
|---|---|---|
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) | | |
| 33. Total Contribution Refunds (from Line 28(d)) | | |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | | |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | | |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | | |

# 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)
☑ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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.**
Full Name (Last, First, Middle Initial): CONSTANCE SMITH
Mailing Address: 1201 GLEN COVE PKWY, #1403
City: VALLEJO State: CA Zip Code: 94591
Purpose of Disbursement: POSTAGE
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02/15/2001
Amount of Each Disbursement this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): ASCLS
Mailing Address: 7910 WOODMONT AVE, #530
City: BETHESDA State: MD Zip Code: 20814
Purpose of Disbursement: POSTAGE
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02/15/2001
Amount of Each Disbursement this Period: 56.56

**C.**
Full Name (Last, First, Middle Initial): AUTUMN LEAVES
Mailing Address: 356 NW AUTUMN PL.
City: CORVALLIS State: OR Zip Code: 97330
Purpose of Disbursement: MEMENTOS
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03/28/2001
Amount of Each Disbursement this Period: 2337.43

SUBTOTAL of Disbursements This Page (optional) ▶ 2643.99

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

**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) ☑ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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NAME OF COMMITTEE (In Full): AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

**A.**
Full Name (Last, First, Middle Initial): ASCLS
Mailing Address: 7910 WOODMONT AVE, #530
City: BETHESDA State: MD Zip Code: 20814
Purpose of Disbursement: SPONSORSHIP FEES
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 04 / 10 / 2001
Amount of Each Disbursement this Period: 10000.00

**B.**
Full Name (Last, First, Middle Initial): CONSTANCE SMITH
Mailing Address: 1201 GLEN COVE PKWY, #1402
City: VALLEJO State: CA Zip Code: 94591
Purpose of Disbursement: TRAVEL REIMBURSEMENT
Candidate Name:
Category/Type: 002
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 04 / 10 / 2001
Amount of Each Disbursement this Period: 694.62

**C.**
Full Name (Last, First, Middle Initial): CARMIE BESKUPIAK
Mailing Address: 1336 BEAVERHEAD RD
City: HELENA State: MT Zip Code: 59602
Purpose of Disbursement: TRAVEL REIMBURSEMENT
Candidate Name:
Category/Type: 002
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 04 / 10 / 2001
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 11194.62

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

# 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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

**A.**
Full Name (Last, First, Middle Initial): JOHN WERTZ
Mailing Address: 402 CARDINAL CREEK DR.
City: DUNCANVILLE State: TX Zip Code: 75137
Purpose of Disbursement: TRAVEL REIMBURSEMENT
Candidate Name:
Category/Type: 002
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 04 / 10 / 2001
Amount of Each Disbursement this Period: 265.00

**B.**
Full Name (Last, First, Middle Initial): AMERICAN COLLEGE OF RADIOLOGY
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: PUBLICATIONS
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 04 / 25 / 2001
Amount of Each Disbursement this Period: 450.00

**C.**
Full Name (Last, First, Middle Initial): McGLADREY & PULLEN
Mailing Address: 700 N FAIRFAX ST #100
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: ACCOUNTING SERVICES
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 06 / 21 / 2001
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1200.00

TOTAL This Period (last page this line number only) ▶ 150386.

# 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)
☐ 21b ☐ 22 ☑ 23 ☐ 24 ☐ 26
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE ___ OF ___

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

**A.**
Full Name (Last, First, Middle Initial): DEGETTE FOR CONGRESS
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: CONTRIBUTION
Candidate Name: DEGETTE
Category/Type: 011
Office Sought: ☑ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☑ General ☐ Other (specify) ▼
Date of Disbursement: 06 / 13 / 2007
Amount of Each Disbursement this Period: 2,500.00

**B.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: / /
Amount of Each Disbursement this Period:

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶ 2,500.00

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.

| | | |
|---|---|---|
| ☑ | Hand Delivered | Date of Receipt 7-30-01 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

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