

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
American Clinical Laboratory Association PAC (ACLA PAC)

ADDRESS (number and street) 1100 New York Avenue, NW
Suite 725 West
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00410084
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 Quarterly 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 (12G)
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 2009 through 06 30 2009

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 Jason DuBois

Signature of Treasurer Electronically Filed by Jason DuBois Date 07 06 2009

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** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Clinical Laboratory Association PAC (ACLA PAC)

Report Covering the Period: From:

M M	D D	Y Y Y Y
0 1	0 1	2 0 0 9

 To:

M M	D D	Y Y Y Y
0 6	3 0	2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 0 9</td></tr></table>	Y Y Y Y	2 0 0 9		20000.00
Y Y Y Y				
2 0 0 9				
(b) Cash on Hand at Beginning of Reporting Period	20000.00			
(c) Total Receipts (from Line 19)	4700.00	4700.00		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24700.00	24700.00		
7. Total Disbursements (from Line 31)	11500.00	11500.00		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13200.00	13200.00		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Clinical Laboratory Association PAC (ACLA PAC)

Report Covering the Period: From: To:

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)	3000.00	3000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3000.00	3000.00
(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)	3000.00	3000.00
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	1700.00	1700.00
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 Transfer (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))	4700.00	4700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4700.00	4700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	11500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	11500.00	11500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	11500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	3000.00	3000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3000.00	3000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
American Clinical Laboratory Association PAC (ACLA PAC)

A.	Full Name (Last, First, Middle Initial) Nicholas Brownlee		Date of Receipt	
	Mailing Address 12 Deer Grass Ln		M M / D D / Y Y Y Y 05 / 19 / 2009	
	City	State	Zip Code	Transaction ID: 90706.C71
	Acton	MA	01720-4755	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		3000.00	
Name of Employer Spectra Laboratories		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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)
American Clinical Laboratory Association PAC (ACLA PAC)

A.	Full Name (Last, First, Middle Initial) Salazar for Senate		Date of Receipt
	Mailing Address 426 C St NE		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20002-5818
	FEC ID number of contributing federal political committee.		Transaction ID: 90320.C70
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="1700.00"/>	
Refund of Contribution Made			
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1700.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1700.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1700.00"/>

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 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

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 Clinical Laboratory Association PAC (ACLA PAC)

A.	Full Name (Last, First, Middle Initial) The Richard Burr Committee Mailing Address PO Box 5928 City Winston Salem State NC Zip Code 27113-5928 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name RICHARD M BURR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90706.E92 Date of Disbursement 04 / 27 / 2009 Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Friends of Lois Capps Mailing Address 38 Ivy Street SE City Washington State DC Zip Code 20003-4006 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name LOIS G CAPPES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90706.E98 Date of Disbursement 06 / 29 / 2009 Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro Mailing Address 12 Trumbull Street Second Floor City New Haven State CT Zip Code 06511-6311 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90320.E90 Date of Disbursement 02 / 12 / 2009 Amount of Each Disbursement this Period 250.00 DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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)

<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

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 Clinical Laboratory Association PAC (ACLA PAC)

A.	Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro	Transaction ID: 90706.E93 Date of Disbursement 04 / 28 / 2009
	Mailing Address 12 Trumbull Street Second Floor	Amount of Each Disbursement this Period -250.00
	City New Haven State CT Zip Code 06511-6311	
	Purpose of Disbursement VOIDED CHECK	Category/ Type
	Candidate Name ROSA DELAURO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 03	VOIDED CHECK

B.	Full Name (Last, First, Middle Initial) Anna Eshoo for Congress	Transaction ID: 90210.E89 Date of Disbursement 02 / 05 / 2009
	Mailing Address P.O. Box 636	Amount of Each Disbursement this Period 1000.00
	City Annandale State VA Zip Code 22003-0636	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name ANNA ESHOO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 14	DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) The Grassley Committee	Transaction ID: 90706.E97 Date of Disbursement 06 / 15 / 2009
	Mailing Address PO Box 1000	Amount of Each Disbursement this Period 1600.00
	City Des Moines State IA Zip Code 50304-1000	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name CHARLES E GRASSLEY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 00	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	2350.00
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)

<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

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 Clinical Laboratory Association PAC (ACLA PAC)

<p>A. Full Name (Last, First, Middle Initial) The Grassley Committee</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304-1000</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CHARLES E GRASSLEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90706.E96 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Bill Nelson for U.S. Senate</p> <p>Mailing Address 426 C Street NE</p> <p>City Washington State DC Zip Code 20002-5839</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name BILL NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90706.E91 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address P.O. Box 3176</p> <p>City Long Branch State NJ Zip Code 07740-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name FRANK PALLONE, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90706.E95 Date of Disbursement 05 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3400.00

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)

PAGE 11 / 11

<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

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 Clinical Laboratory Association PAC (ACLA PAC)

A. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter <hr/> Mailing Address 203 Maryland Ave NE <hr/> City Washington State DC Zip Code 20002-5703 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ARLEN SPECTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90210.E87 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Campaign <hr/> Mailing Address P.O. Box 8331 <hr/> City Fremont State CA Zip Code 94537-8331 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name FORTNEY P. STARK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90706.E94 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

11500.00