REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

JAN 31 11 32 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ___ Check if different than previously reported
7910 WOODMONT AVENUE, SUITE 1301

CITY, STATE and ZIP CODE
BETHESDA, MARYLAND 20814

2. FEC IDENTIFICATION NUMBER
C00034545

3. ___ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ___ April 15 Quarterly Report

___ July 15 Quarterly Report

___ October 15 Quarterly Report

X January 31 Year End Report

___ July 31 Mid Year Report (Non-election Year Only)

___ Termination Report

Monthly Report Due On:

___ February 20	___ June 20	___ October 20
___ March 20	___ July 20	___ November 20
___ April 20	___ August 20	___ December 20
___ May 20	___ September 20	___ January 31

___ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

___ Thirteth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ___ YES X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period JULY 1, 1993 through DECEMBER 31, 1993		
6. (a)	Cash on Hand January 1, 19 93		$ 20,303.87
(b)	Cash on Hand at Beginning of Reporting Period	$ 30,839.27	
(c)	Total Receipts (from Line 19)	$ 7,650.79	$ 24,815.76
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 38,490.06	$ 45,119.63
7.	Total Disbursements (from Line 30)	$ 7,120.58	$ 13,750.15
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 31,369.48	$ 31,369.48
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
ALBERT PACKARD

Signature of Treasurer

Date 1/27/94

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

FEC FORM 3X

(revised 1/1/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD: FROM JULY 1, 1993 TO DECEMBER 31, 1993

		COLUMN A Total This Period	COLUMN B Calendar Year
	I. Receipts		
1	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)		
	ii. Unitemized	7,308.00	24,223.00
	iii. Total (add i and ii) ➤	7,308.00	24,223.00
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a iii, b and c) ➤	7,308.00	24,223.00
12	Transfers From Affiliated/Other Party Committees		
13	All Loans Received		
14	Loan Repayments Received		
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17	Other Federal Receipts (Dividends, Interest, etc.)	342.79	592.76
18	Transfers from Nonfederal Account for Joint Activity		
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,650.79	24,815.76
20	Total Federal Receipts (subtract line 18 from line 19) ➤	7,650.79	24,815.76
	II. Disbursements		
21	Operating Expenditures:		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
	b. Other Federal Operating Expenditures		
	c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	1,300.00	4,050.00
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 a, b and c) ➤		
29	Other Disbursements	5,820.58	9,700.15
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,120.58	13,750.15
31	Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,120.58	13,750.15
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	7,308.00	24,223.00
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans)(subtract line 33 from 32)	7,308.00	24,233.00
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37	Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 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 SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FIRST AMERICAN BANK 740 15th STREET, N. W. WASHINGTON, D. C. 20005		7/1/93 - 12/31/93	$342.79
Receipt For: [ ] Primary [ ] General [X] Other (specify): INTEREST ON ACCOUNT	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $342.79

TOTAL This Period (last page this line number only) $342.79

24038761341

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

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 POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. BOB WALKER P. O. BOX 51 MILLERSVILLE, PA. 17551	CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/10/93	100.00
B. NANCY JOHNSON P. O. BOX 1986 NEW BRITIAN, CT. 06050	CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/20/93	500.00
C. WHEAT FOR CONGRESS 8612 E. 63rd STREET KANSAS CITY, MO. 64133	CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/26/93	500.00
D. WYDEN FOR CONGRESS 123 NORTH EAST 3rd, #321 PORTLAND, OR. 97212	CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/2/93	200.00
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,300.00
TOTAL This Period (last page this line number only)	1,300.00

9 4 0 3 8 7 5 1 3 4 8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full) AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. FIRST AMERICAN BANK 740 15th STREET, N. W. WASHINGTON, D. C. 20005	SERVICE CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/1/93 - 12/31/93	116.42
B. J. T. RUTHERFORD & ASSOCIATES DONALD LAVANTY 1001 N. HIGHLAND ST., #502 ARLINGTON, VA. 22201	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/31/93	675.00
C. J. T. RUTHERFORD & ASSOCIATES DONALD LAVANTY 1001 N. HIGHLAND ST., #502 ARLINGTON, VA. 22201	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/2/93	500.00
D. J. T. RUTHERFORD & ASSOCIATES DONALD LAVANTY 1001 N. HIGHLAND ST., #502 ARLINGTON, VA. 22201	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/2/93	500.00
E. J. T. RUTHERFORD & ASSOCIATES DONALD LAVANTY 1001 N. HIGHLAND ST., #502 ARLINGTON, VA. 22201	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/1/93	500.00
F. J. T. RUTHERFORD & ASSOCIATES DONALD LAVANTY 1001 N. HIGHLAND ST., #502 ARLINGTON, VA. 22201	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/2/93	500.00
G. J. T. RUTHERFORD & ASSOCIATES DONALD LAVANTY 1001 N. HIGHLAND ST., #502 ARLINGTON, VA. 22201	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/1/93	500.00
H. INTERNAL REVENUE SERVICE FIRST AMERICAN BANK 7900 WISCONSIN AVENUE BETHESDA, MD. 20814	FEDERAL DEPOSITORY Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/19/93	80.00
I. D. C. TREASURER DEPARTMENT OF FINANCE & REVENUE WASHINGTON, D. C.	DC FRANCHISE TAX Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/19/93	100.00

SUBTOTAL of Disbursements This Page (optional) 3,471.42

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

9 4 0 3 8 7 6 4 1 4 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 29

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COMPTROLLER OF TREASURY INCOME TAX DIVISION ANNAPOLIS, MD. 21411-0001	MARYLAND TAXES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/19/93	23.00
B. Full Name, Mailing Address and ZIP Code LANG & ASSOCIATES 7101 WISCONSIN AVENUE, #900 BETHESDA, MD. 20814-4805	AUDITORS Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/19/93	2,210.60
C. Full Name, Mailing Address and ZIP Code FRIAH ROGERS 356 NW AUTUMN PLACE CORVALLIS, OR. 97330	POSTAGE REIMBURSEMENT Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/31/93	78.06
D. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS P. O. BOX 1140, Dept., A MEMPHIS, TN 38101-1140	POSTAGE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/6/93	37.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,349.16
TOTAL This Period (last page this line number only)	5,820.58

9 4 0 3 8 7 6 1 4 5 0

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
☑	First Class Mail	POSTMARKED 1/28/94
☐	Registered/Certified Mail	POSTMARKED
☐	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

E.J.
PREPARER

1/31/94
DATE PREPARED

FEC FORM 70-2 (12/92)

7 4 0 3 8 7 5 1 3 5 1