

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CLINICAL LABORATORY MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

401 North Michigan Avenue

(Check if address is changed)

Chicago

IL

60611

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@clma.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.clma.org

2. DATE

03 / 29 / 2010

3. FEC IDENTIFICATION NUMBER

C C00381152

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Diane Evans

Signature of Treasurer

Electronically Filed by Diane Evans

Date

03 / 29 / 2010

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | |
|----------|---------------|-------------------------------|
| 1. _____ | FEC ID number | C <input type="text"/> |
| 2. _____ | FEC ID number | C <input type="text"/> |
| 3. _____ | FEC ID number | C <input type="text"/> |
| 4. _____ | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

CLINICAL LABORATORY MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Clinical Laboratory Management Assoc, Inc

Mailing Address **401 North Michigan Avenue**

Chicago **IL** **60611**

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Diane Evans**

Mailing Address **1831 Bay Street, SE**

Washington **DC** **20003**

CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **202** - **548** - **0880**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Diane Evans**

Mailing Address **1831 Bay Street, SE**

Washington **DC** **20003**

CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **202** - **548** - **0880**

Full Name of Designated Agent

Diane Evans

Mailing Address

1831 Bay Street, SE

Washington

DC

20003

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

548

0880

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M & T Bank

Mailing Address

38 West Avenue

Wayne

PA

19087

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE