



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

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="2010"/>		4400.00
(b) Cash on Hand at Beginning of Reporting Period .....	14100.00	
(c) Total Receipts (from Line 19) .....	5350.00	47500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19450.00	51900.00
7. Total Disbursements (from Line 31) .....	5500.00	37950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13950.00	13950.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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 (LabPAC)

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) .....	5250.00	42200.00
(ii) Unitemized .....	100.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5350.00	42500.00
(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) .....	5350.00	42500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	5000.00
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 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)) .....	5350.00	47500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5350.00	47500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	5500.00	37950.00
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))..	5500.00	37950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	37950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	5350.00	42500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5350.00	42500.00
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 / 9
	(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"/> 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 (LabPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Anderson		Date of Receipt
	Mailing Address 2205 New Garden Rd Apt 4707		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Greensboro	NC	27410-1757
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lab Corp of America		Occupation Manager	<b>Transaction ID:</b> 00805.C101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) William Brad Hayes		Date of Receipt
	Mailing Address 605 Elmwood Dr		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Greensboro	NC	27408-5005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lab Corp of America		Occupation Executive Vice President	<b>Transaction ID:</b> 00805.C103
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5250.00"/>

**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

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NAME OF COMMITTEE (In Full)  
American Clinical Laboratory Association PAC (LabPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of John Barrow  Mailing Address PO Box 8166  City Savannah State GA Zip Code 31412-8166  Purpose of Disbursement VOIDED CHECK  Candidate Name JOHN J. BARROW  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00805.E137 Date of Disbursement 07 / 21 / 2010  Amount of Each Disbursement this Period -1000.00  VOIDED CHECK
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Max Baucus  Mailing Address 426 C St NE  City Washington State DC Zip Code 20002-5839  Purpose of Disbursement DIRECT CONTRIBUTION  Candidate Name MAX BAUCUS  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00  Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00805.E135 Date of Disbursement 07 / 19 / 2010  Amount of Each Disbursement this Period 1000.00  DIRECT CONTRIBUTION
<b>C.</b>	Full Name (Last, First, Middle Initial) Scott Brown for US Senate Committee  Mailing Address 200 Reservoir Street  City Needham Heights State MA Zip Code 02494-3191  Purpose of Disbursement DIRECT CONTRIBUTION  Candidate Name SCOTT P BROWN  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00805.E134 Date of Disbursement 07 / 19 / 2010  Amount of Each Disbursement this Period 1000.00  DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
American Clinical Laboratory Association PAC (LabPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn</p> <p>Mailing Address 1020 N Fairfax St Ste 201</p> <p>City Alexandria State VA Zip Code 22314-1537</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN CORNYN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00805.E140 <b>Date of Disbursement</b> 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hall for Congress</p> <p>Mailing Address PO Box 711</p> <p>City Rockwall State TX Zip Code 75087-0711</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name RALPH MOODY HALL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00805.E138 <b>Date of Disbursement</b> 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 636</p> <p>City Annandale State VA Zip Code 22003-0636</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JAMES MATHESON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00805.E139 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

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

3500.00

**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 9 / 9

<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)  
American Clinical Laboratory Association PAC (LabPAC)

A.

Full Name (Last, First, Middle Initial)  
Lisa Murkowski for US Senate

Transaction ID: 00805.E136

Date of Disbursement

Mailing Address 900 19th St NW FI 8

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

City Washington State DC Zip Code 20006-2105

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/ Type
-------------------

Candidate Name  
LISA MURKOWSKI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

DIRECT CONTRIBUTION

State: AK District: 00

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

1000.00
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TOTAL This Period (last page this line number only) .....

5500.00
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