

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Clinical Laboratory Associaton PAC (LabPAC)

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2017 through [MM] / [DD] / [YYYY] 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Sparkman, Thomas, , ,
Type or Print Name of Treasurer

Signature of Treasurer Sparkman, Thomas, , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 07 / 12 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Clinical Laboratory Associaton 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="2017"/>	<input type="text" value="21561.05"/>	<input type="text" value="21561.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21561.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33988.20"/>	<input type="text" value="33988.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="55549.25"/>	<input type="text" value="55549.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000.00"/>	<input type="text" value="20000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35549.25"/>	<input type="text" value="35549.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Clinical Laboratory Associaton 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).....	23988.20	23988.20
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23988.20	23988.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33988.20	33988.20
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.....	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 Transfers (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)).....▶	33988.20	33988.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33988.20	33988.20

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	20000.00	20000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	20000.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	20000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	33988.20	33988.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33988.20	33988.20
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 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 Associaton PAC (LabPAC)

A. Popovits, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Stonepine Road
 City Hillsborough State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genomic Health Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : 10367007
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Glisson, JoAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 7th St SE
 City Washington State DC Zip Code 20003-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Clinical Laboratory A Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 03 / 2017**
Transaction ID : 10395302
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Vanoort, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3275 Regatta Rd
 City Naples State FL Zip Code 34103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neogenomics Laboratories Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 21 / 2017**
Transaction ID : 10405743
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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

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

A. Rusckowski, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Coventry Lane
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 10426823
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. King, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Galway Dr
 City Chapel Hill State NC Zip Code 27517-6593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lab Corp of America Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 10433602
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Shumpert, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 Goodnight Drive
 City Georgetown State TX Zip Code 78628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sonic Healthcare USA Inc Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 10433603
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<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

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

A. Crawford, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Clark Street
 City Pleasantville State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sonic Healthcare Occupation (for Individual) VP, Sales & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 29 / 2017**
Transaction ID : 10433604
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gresko, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1914 Windham Lane
 City Silver Springs State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alston & Bird Occupation (for Individual) Senior Associate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 11 / 2017**
Transaction ID : 10453375
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Hanson, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1312 Woodland Drive, SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 11 / 2017**
Transaction ID : 10453376
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<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

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

A. Khani, Julie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5619 Heberts Crossing Dr

City Burke	State VA	Zip Code 22015
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Clinical Laboratory Assoc	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2305.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR120655830123

Amount of Each Receipt this Period
2305.80

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

B. Sparkman, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1812 N Queens Ln
Apt 217

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Clinical Laboratory Associati	Occupation (for Individual) Vice President Government Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR133342530123

Amount of Each Receipt this Period
692.40

Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

C. Cooling, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 New York Avenue, NW
Suite 725 West

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Clinical Laboratory Associati	Occupation (for Individual) Director of Government Relations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR133434430123

Amount of Each Receipt this Period
240.00

Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	3238.20
TOTAL This Period (last page this line number only).....	23988.20

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

A. LabCorp of America Holdings Pol Prt Cmte

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 Maple Ave

City Burlington	State NC	Zip Code 27215
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00314997

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2017

Transaction ID : 10357524

Amount of Each Receipt this Period
5000.00

Memo Item

B. Quest Diagnostics PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 K Street, NW
SUite 803

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00329185

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2017

Transaction ID : 10395303

Amount of Each Receipt this Period
5000.00

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

**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"/> 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 Associaton PAC (LabPAC)

Full Name (Last, First, Middle Initial) A. Ben Cardin for Senate		Date of Disbursement MM / DD / YYYY 02 / 17 / 2017
Mailing Address P.O. Box 21093		FEC Identification Number C C00411587 Transaction ID : 10356427
City Catonsville	State MD	Zip Code 21228
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Cardin, Benjamin, , Sen.,		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District:	

Full Name (Last, First, Middle Initial) B. Lone Star Leadership PAC		Date of Disbursement MM / DD / YYYY 02 / 17 / 2017
Mailing Address 104 Hume Avenue		FEC Identification Number C C00415208 Transaction ID : 10356428
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Lone Star Leadership PAC		Amount of Each Disbursement this Period 5000.00 Direct Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Making Business Excel PAC		Date of Disbursement MM / DD / YYYY 02 / 17 / 2017
Mailing Address 1020 North Fairfax Street Suite 201		FEC Identification Number C C00392134 Transaction ID : 10356429
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Making Business Excel PAC		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	7000.00
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"/> 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 Associaton PAC (LabPAC)

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Stabenow, Debbie, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MI

District:

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2017

FEC Identification Number

C C00344473

Transaction ID : 10356433

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Meehan For Congress

Mailing Address 50 S Providence Road

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Meehan, Patrick, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: PA

District: 07

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2017

FEC Identification Number

C C00466870

Transaction ID : 10366456

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Walden, Greg, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OR

District: 02

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00333427

Transaction ID : 10382782

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

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

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

4500.00

**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"/> 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 Associaton PAC (LabPAC)

Full Name (Last, First, Middle Initial) A. Bilirakis For Congress		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address PO Box 606		FEC Identification Number C C00408534 Transaction ID : 10473432
City Tarpon Springs	State FL	Zip Code 34688
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Bilirakis, Gus, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 12	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kaine For Virginia		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address 1751 Potomac Greens Drive		FEC Identification Number C C00495358 Transaction ID : 10473433
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Kaine, Tim, , Sen.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Richard E. Neal For Congress		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 76 Magnolia Terrace		FEC Identification Number C C00226522 Transaction ID : 10480624
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Candidate Name Neal, Richard, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 01	<input type="checkbox"/> Memo Item	

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

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

3000.00

**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"/> 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 Associaton PAC (LabPAC)

Full Name (Last, First, Middle Initial) A. Lance For Congress		Date of Disbursement MM / DD / YYYY 05 / 26 / 2017
Mailing Address PO Box 225		FEC Identification Number C00444224 Transaction ID : 10521198
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Lance, Leonard, , Rep.,		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) B. Pascrell for Congress		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address P.O. Box 100		FEC Identification Number C00313510 Transaction ID : 10574682
City Teaneck	State NJ	Zip Code 07666
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Pascrell, Bill, , ,		Amount of Each Disbursement this Period 2500.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NJ	District: 08	

Full Name (Last, First, Middle Initial) C. Volunteers for Shimkus		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 700 12th St NW		FEC Identification Number C00258855 Transaction ID : 10575132
City Washington	State DC	Zip Code 20005-3945
Purpose of Disbursement Direct Contribution		011 Category/ Type
Candidate Name Shimkus, John, , ,		Amount of Each Disbursement this Period 1000.00 Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 19	

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

4500.00

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"/> 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 Associaton PAC (LabPAC)

Full Name (Last, First, Middle Initial) A. Bill Nelson for U.S. Senate		Date of Disbursement MM / DD / YYYY 06 / 26 / 2017	
Mailing Address 426 C Street NE		FEC Identification Number C 00344051 Transaction ID : 10615142	
City Washington	State DC	Zip Code 20002-5839	Amount of Each Disbursement this Period 1000.00 Direct Contribution
Purpose of Disbursement Direct Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Nelson, Bill, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	20000.00