

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JAN 19 9 40 AM '99

1. NAME OF COMMITTEE (in full)
Amer Soc for Clinical Lab. Science

ADDRESS (number and street) Check if different than previously reported
7919 Woodmont Avenue, Suite 530

CITY, STATE and ZIP CODE
Bethesda, MD 20814

2. FEC IDENTIFICATION NUMBER
00034645

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- 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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/1/98</u> through <u>9/30/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ 61,416.00
(b)	Cash on Hand at Beginning of Reporting Period	\$ 69,279.76	
(c)	Total Receipts (from Line 19)	\$ 17,859.70	\$ 34,031.50
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 87,139.46	\$ 95,447.50
7.	Total Disbursements (from Line 30)	\$ 7,391.26	\$ 15,699.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 79,748.20	\$ 79,748.20
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
Susan Miller

Signature of Treasurer
Susan J Miller

Date
1-18-99

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

Amer Soc for Clinical Lab. Science

REPORT COVERING PERIOD

FROM **7/1/98**

TO: **9/30/98**

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees			636.00	11(a)(i)
I. Itemized (use Schedule A)		17,585.00	32,615.00	11(a)(ii)
II. Unitemized				11(a)(iii)
III. Total (add i and ii) >		17,585.00	33,251.00	11(a)(iii)
b. Political Party Committees				11(b)
c. Other Political Committees (such as PACs)				11(c)
d. Total Contributions (add a III, b and c) >		17,585.00	33,251.00	11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)		276.70	780.50	17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		17,859.70	34,031.50	19
20. Total Federal Receipts (subtract line 18 from line 19) >		17,859.70	34,031.50	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)(i)
i. Federal Share				21(a)(ii)
ii. Non-Federal Share		3,584.61	10,773.76	21(b)
b. Other Federal Operating Expenditures		3,584.61	10,773.76	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >				22
22. Transfers to Affiliated/Other Party Committees				23
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,750.00	4,750.00	24
24. Independent Expenditures (use Schedule E)				25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				26
26. Loan Repayments Made				27
27. Loans Made				28(a)
28. Refunds of Contributions To:				28(b)
a. Individuals/Persons Other Than Political Committees				28(c)
b. Political Party Committees				28(d)
c. Other Political Committees (such as PACs)				29
d. Total Contribution Refunds (add a, b and c) >		56.65	175.54	30
29. Other Disbursements		7,391.26	15,699.30	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		7,391.26	15,699.30	32
31. Total Federal Disbursements (subtract line 21 a i from line 30) >				33
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)				34
33. Total Contribution Refunds (from line 28d)				35
34. Net Contributions (other than loans)(subtract line 33 from 32)				36
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		3,584.61	10,773.76	37
36. Offsets to Operating Expenditures (from line 15)				38
37. Net Operating Expenditures (subtract line 36 from 35) >		3,584.61	10,773.76	39

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **216**

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)

Amer Soc for Clinical Lab. Science

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Chafin	Honoraria Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/98	\$ 50.00
Linda Sewler 32 Rosewood Drive Lancaster, PA 17603	Postage reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/98	95.10
Autumn Leaves Studio 356 NW Autumn Place Corvallis, OR 97330	PAC momentos Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/98	2,567.61
Donald Levanty 1001 N. Highland St., #502 Arlington, VA 22201	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	600.00
ASCLS 7910 Woodmont Avenue, #530 Bethesda, MD 20814	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	271.90
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page (line number only)

\$3,584.61

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Amer Soc for Clinical Lab. Science

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Blanche Lincoln Arkansas Senate	Blanche Lincoln	9/28/98	\$500.00
People for Patty Murray Washington Senate	Patty Murray	9/28/98	500.00
Mikulski for Senate Maryland Senate	Barbara Mikuleki	9/28/98	500.00
Friends of Jerry Kleczka Wisconsin House	Jerry Kleczka	9/28/98	500.00
Friends of Sherrod Brown Ohio House	Sherrod Brown	9/28/98	500.00
Grace Drake for Congress Ohio House	Grace Drake	9/28/98	250.00
Citizens for Arlen Specter Pennsylvania Senate	Arlen Specter	9/28/98	500.00
Faircloth for Senate North Carolina Senate	Richard Faircloth	9/28/98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$3,750.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1-19-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>BEH</i> PREPARER	 1-19-99 DATE PREPARED