

**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"/>	<input type="text" value="21561.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35549.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8606.40"/>	<input type="text" value="42594.60"/>
(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="44155.65"/>	<input type="text" value="64155.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16000.00"/>	<input type="text" value="36000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28155.65"/>	<input type="text" value="28155.65"/>
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).....	8606.40	32594.60
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8606.40	32594.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8606.40	42594.60
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)).....▶	8606.40	42594.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8606.40	42594.60

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.....	16000.00	36000.00
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)) ..	16000.00	36000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	36000.00

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)	8606.40	42594.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8606.40	42594.60
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: (check only one)	PAGE 6 OF 13
<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)

A. 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 ▼ 5000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : 10830538
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt **11 / 01 / 2017**
Transaction ID : 10851982
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Perkins, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4476 Mathews Way
 City Salt Lake City State UT Zip Code 84124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARUP Laboratories Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 20 / 2017**
Transaction ID : 10851983
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 13
<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Henderson, Gregory, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2017
Mailing Address 550 W 54th Street Apt 22C		Transaction ID : 10944673
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Bio-Reference Laboratories	Occupation (for Individual) President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kolozsvary, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2017
Mailing Address 49003 Rainbow Lane S		Transaction ID : 10977172
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Joint Venture Hospital Laboritories LL	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Khani, Julie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 5619 Heberts Crossing Dr		Transaction ID : PR120655832482
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2304.00
Name of Employer (for Individual) American Clinical Laboratory Assoc	Occupation (for Individual) President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4609.80	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	3554.00
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 13
	<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. 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 ▼ 1384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR133342532482
 Amount of Each Receipt this Period
 692.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

B. 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
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR133434432482
 Amount of Each Receipt this Period
 360.00
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 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).....▶	1052.40
TOTAL This Period (last page this line number only).....▶	8606.40

**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. Tammy Baldwin For Senate		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017
Mailing Address Pobox 696		FEC Identification Number C00326801 Transaction ID : 10651101
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Baldwin, Tammy, , Sen.,		Amount of Each Disbursement this Period 2000.00
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: WI	District:	

Full Name (Last, First, Middle Initial) B. Tiberi for Congress		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017
Mailing Address 217 3rd St SE		FEC Identification Number C00347492 Transaction ID : 10655601
City Washington	State DC	Zip Code 20003-1904
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Tiberi, Patrick, , ,		Amount of Each Disbursement this Period 2500.00
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: OH	District: 12	

Full Name (Last, First, Middle Initial) C. Walden For Congress		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017
Mailing Address PO Box 1091		FEC Identification Number C00333427 Transaction ID : 10655602
City Hood River	State OR	Zip Code 97031
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Walden, Greg, , Rep.,		Amount of Each Disbursement this Period 1500.00
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: OR	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
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. Tiberi for Congress

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Tiberi, Patrick, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement
MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number
C C00347492
Transaction ID : 10755161
Amount of Each Disbursement this Period
1000.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Bucshon, Larry, , Rep., MD

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 08

Date of Disbursement
MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number
C C00468256
Transaction ID : 10755162
Amount of Each Disbursement this Period
1000.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Green, Gene, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 29

Date of Disbursement
MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number
C C00254185
Transaction ID : 10755163
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)..... ▶

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. Joe Kennedy For Congress		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 590464		FEC Identification Number C 000512970 Transaction ID : 10850584
City Newton	State MA	Zip Code 02459
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Kennedy, Joseph, , Rep., III		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) ▼	
State: MA	District: 04	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Walden For Congress		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 1091		FEC Identification Number C 000333427 Transaction ID : 10850585
City Hood River	State OR	Zip Code 97031
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Walden, Greg, , 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) ▼	
State: OR	District: 02	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Brady For Congress		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address P.O. Box 8277		FEC Identification Number C 000311043 Transaction ID : 10850586
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Direct Contribution		Category/Type 011
Candidate Name Brady, Kevin, , Rep.,		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) ▼	
State: TX	District: 08	
<input type="checkbox"/> 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. Tiberi for Congress

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement
Void - Tiberi for Congress

011
Category/ Type

Candidate Name
Tiberi, Patrick, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2017

FEC Identification Number
C C00347492
Transaction ID : 10977171
 Amount of Each Disbursement this Period
 - 1000.00
 Void - Tiberi for Congress
 Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number
C
 Amount of Each Disbursement this Period
 Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number
C
 Amount of Each Disbursement this Period
 Memo Item

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

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

- 1000.00
16000.00