

**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

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)

Full Name (Last, First, Middle Initial)

A. Boehner for Speaker

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Joint Fundraiser

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 24 / 2012

Transaction ID : 6206920

Amount of Each Disbursement this Period

Joint Fundraiser

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address P.O. Box 116

City Hyattsville State MD Zip Code 20781-0116

Purpose of Disbursement
Void - Becerra for Congress

Candidate Name

Xavier Becerra

Office Sought: House Senate President
State: CA District: 31

Disbursement For: 2012 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2012

Transaction ID : 6243655

Amount of Each Disbursement this Period

Void - Becerra for Congress

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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