Only

STATEMENT OF

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FORM 1		0	RGAN	IZATI	ON						0	ffice l	Jse Or	nlv			
1. NAME OF COMMITTEE (ir	n full)		Check if nam changed)		ample: If er the lin		ype	1	2FE	54M	_			.,			_
LABORATORY	CORPO	DRATION	OF AME	RICA HO	DLDING	SS PO	LITIC	CAL	PAF	RTIC	CIPA	ATIC	ON C	ON	ΙМΙΤ	TE	=
																	_
ADDRESS (number a	,	231 MAP	LE AVENUE														
(Check if a is changed		BURLING	GTON TY A					L	NC TATE		272	215	ZI	 _] - P C(DDE A		
COMMITTEE'S E-MA	AIL ADDRE	ESS															
X ◀ (Check if a is changed		Optional	@labcorp.c Second E-Mars@labcor	ail Address													
COMMITTEE'S WEB (Check if a is changed)	address]
2. DATE 0			2014														
3. FEC IDENTIFIC	CATION N	UMBER >		C003149	997												
4. IS THIS STATEM	MENT >	NEW	(N) O	R	A	MENDED	(A)										
I certify that I have e	examined t	his Stateme	nt and to the	best of my	knowled	ge and I	belief	it is tı	ue, c	correc	t and	d con	nplete				
Type or Print Name	of Treasure	er Richard	B Riggsbee														
Signature of Treasure	er <i>Rich</i>	ard B Riggsbee	2		[Electro	nically Fi	led]	Dat	e	0		_	03	′ [201		
NOTE: Submission of	false, erron		omplete inform	-								pena	alties	of 2 l	J.S.C.	§437	j.
Office Use					Federal	ther inform Election C e 800-424-	Commis		et:				C F		M 1		_

Toll Free 800-424-9530

Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFC Forms 1 (Deviced 02/20	200)			Dama 2
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Write or Type Committee Name	TION OF AMEDICA LIOI DING	SC DOLLTICAL D	^ DTICID	
	TION OF AMERICA HOLDING			
6. Name of Any Connected Organ	nization, Affiliated Committee, Joint Fu	ndraising Representa	tive, or Leadershi	p PAC Sponsor
LABORATORY CORPOR	RATION OF AMERICA HOLE	DINGS		
23' Mailing Address	MAPLE AVENUE			
BL	DRLINGTON CITY	NC NC	27215 	IP CODE
Relationship: X Connected Org	anization Affiliated Committee J	oint Fundraising Repre	sentative Lead	ership PAC Sponsor
 Custodian of Records: Identify I books and records. 	oy name, address (phone number opti	onal) and position of t	he person in posse	ession of committee
Tiana G. Ayotte	1			1
	1 South Spring Street			
Mailing Address				
 . Ru	ırlington	, NC	. 27215	
Title or Position	CITY	STATE	Z	P CODE
Custodian of Records		Telephone number	336 - 43	86 5010
Treasurer: List the name and add any designated agent (e.g., assist)	dress (phone number optional) of the cant treasurer).	treasurer of the comm	ittee; and the name	e and address of
Full Name Richard B Riggs of Treasurer	sbee			
Mailing Address 23	Maple Avenue			
Bu	rlington	NC NC	27215	
Title or Decition	CITY	STATE	ZI	P CODE
Title or Position Treasurer		Telephone number	336 - 43	6 4378

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Full Name of Designated Agent	Donald E Horton Jr							
Mailing Address	531 South Spring St., Rm 2203							
Mailing / Mail 033								
	Burlington NC 2721 CITY STATE	5 ZIP CODE						
Title or Position Asst. Treasurer	Telephone number 336 -	436 - 5040						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.								
	Capital Bank							
Mailing Address	PO Box 18949							
	NO. 2764							
	Raleigh 2761	9						
	CITY STATE	ZIP CODE						
Name of Bank, D	Depository, etc.							
Mailing Address								
	CITY STATE	ZIP CODE						