Image# 14952621014				11/25/2014 17 : 22
	07.77.17.17.17			PAGE 1 / 5
FEC	STATEMENT	-		
FORM 1	ORGANIZAT	ION		
			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)		Example:If typing, type over the lines.	12FE4M5	
Health Diagnostic	c Laboratory Inc. P	AC		1
	727 N. Eth Street Suite 200			
ADDRESS (number and street)	737 N. 5th Street Suite 200			
(Check if address is changed)				
U <i>Y</i>	Richmond		VA 2321	9
	CITY ▲		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	HDLPAC@hdlabinc.com			
is changed)	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address				
is changed)				
2. DATE 11 24				
3. FEC IDENTIFICATION NU	JMBER ► C C0052	6491		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	is Statement and to the best of n	ny knowledge and belief it	is true, correct and o	complete.
	Michalla Kuba			
Type or Print Name of Treasure	r Michelle Kuhn 			
Signature of Treasurer	elle Kuhn	[Electronically Filed]	Date 11	24 / Y Y Y Y 2014
NOTE: Submission of false, errone	eous, or incomplete information may ANY CHANGE IN INFORMATION \$			enalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	n F	FEC FORM 1 (Revised 06/2012)

	FEC Fo	orm 1 (Revised 02/2009) Pag	e 2
		COMMITTEE	
Car	ndidate	e 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. (Complete the ca information below.)	andidate
Nam Cano	le of didate		
	didate y Affiliati	tion Office Sought: House Senate President District	
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	le of didate		
Par	ty Con	mmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democratic Republican,	c, etc.) Party.
Poli	itical A	Action Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	anization is a
		Corporation Corporation w/o Capital Stock	ganization
		Membership Organization Trade Association Cooperati	ve
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. (i.e., nonconnected committee)	ind 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	it Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, at least one of which is an authorized committee of a federal candidate.	oolitical
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Custodian of Records

Health Diagnostic Laboratory Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Health Diagnostic Lab	oratory Inc.		
Mailing Address	737 N. 5th Street Suite 200		
	Richmond		23219
	CITY	STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fund	raising Representative	e Leadership PAC Sponsor
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and	l position of the perso	on in possession of committee
Michelle K	uhn		
Full Name			
Mailing Address	737 N. 5th Street Suite 103		
	Richmond	VA VA	00010
			23219

8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of
	any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Michelle Kuhn
Mailing Address	737 N. 5th Street Suite 103
	$[\ \ , \ \ , \ \ , \ \ , \ \ , \ \ $
	Richmond VA 23219 OITV STATE 710 CODE
Title or Position Treasurer	CITY STATE ZIP CODE Image: CITY STATE ZIP CODE Image: CITY Telephone number 804 343 2718

2718

804

Telephone number

343

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

9. 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.

	Burke & Herbert Bank	
Mailing Address	302 Maple Avenue West	
	Vienna	VA 22180
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This report is being amended to disclose a new Treasurer and Custodian of Records. Please update your records accordingly.

Form/Schedule: Transaction ID: