

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Quest Diagnostics Incorporated Political Action Committee

ADDRESS (number and street) 500 Plaza Drive Secaucus NJ 07094

2. FEC IDENTIFICATION NUMBER C C00329185 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2017 through 10 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Verhoest, Tracy A., , ,

Type or Print Name of Treasurer Verhoest, Tracy A., , , Signature of Treasurer [Electronically Filed] Date 11 / 17 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Quest Diagnostics Incorporated Political Action Committee**

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"/>		234027.25
(b) Cash on Hand at Beginning of Reporting Period.....	253502.44	
(c) Total Receipts (from Line 19) .....	5724.78	64329.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	259227.22	298357.22
7. Total Disbursements (from Line 31).....	0.00	39130.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	259227.22	259227.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Quest Diagnostics Incorporated Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2017 To: M M / D D / Y Y Y Y 10 / 31 / 2017

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).....	5613.78	48698.83
(ii) Unitemized .....	111.00	13881.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5724.78	62579.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5724.78	62579.97
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	1750.00
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)).....▶	5724.78	64329.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5724.78	64329.97

**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	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	29500.00
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	80.00
(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	80.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	9500.00
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)) ..	0.00	39130.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	39130.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5724.78	62579.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5724.78	62499.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	50.00
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	50.00

**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 30
	<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Mowrey, Philip, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14225 Newbrook Drive

City Chantilly	State VA	Zip Code 20151-2228
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Cytogenetics - Chief
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR1693348876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

**B. Yancey, George, David, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 Air Museum Drive

City Reading	State PA	Zip Code 19605
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Process Impv - Logistics
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR42375518876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

**C. Learned, David, M, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10101 Renner Blvd

City Lenexa	State KS	Zip Code 66219-9752
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Mgr, Strategic Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
460.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR45535218876**

Amount of Each Receipt this Period  
43.90

Memo Item

P/R Deduction (\$21.95 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.90
<b>TOTAL</b> 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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Hartman, Troy, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10101 Renner Blvd

City Lenexa	State KS	Zip Code 66219-9752
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) VP, Insurance Services
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR45539248876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. Mack, Geraldine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Counsel, Dep Gen&Chief Lit Ofc
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR45570068876**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

**C. O'Shaughnessy Jr., William, J, , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Counsel, Deputy Gen & Corp Sec
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR46069518876**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Kalianoff, Beth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1450 Boyson Rd  
 Bldg C Suite 1  
 City Hiawatha State IA Zip Code 52233-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Operations - Lab Card  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR46307178876**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 P/R Deduction (\$36.00 Bi-Weekly)

**B. Denton, Glenville, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1290 Wall Street West  
 City Lyndhurst State NJ Zip Code 07071-3603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 603.96

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR46313138876**  
 Amount of Each Receipt this Period 57.52  
 Memo Item  
 P/R Deduction (\$28.76 Bi-Weekly)

**C. Ruger, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Giralda Farms  
 City Madison State NJ Zip Code 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Counsel, Chief Corp Regulatory  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR47983388876**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.52
<b>TOTAL</b> 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 9 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Mossler, Jeffrey, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2560 Shadeland Avenue  
Suite A

City Indianapolis State IN Zip Code 46219-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Managing Director - AMP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR47989508876**

Amount of Each Receipt this Period 80.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**B. St. Clair, Connie, Anne, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 745 Orienta Ave  
Suite 1201

City Altamonte Springs State FL Zip Code 32701-5676

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dermatopathologist - AMP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1851.36

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR48001438876**

Amount of Each Receipt this Period 176.32

Memo Item

P/R Deduction (\$88.16 Bi-Weekly)

**C. Fernandez, Mercedes, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 745 Orienta Ave  
Suite 1201

City Altamonte Springs State FL Zip Code 32701-5676

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dermatopathologist - AMP

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR48001498876**

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 356.32

**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 10 OF 30
	<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Kilpatrick, Timothy, M, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 568 Ruin Creek Road  
Suite 5

City Henderson    State NC    Zip Code 27536-5921

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kilpatrick Pathology PA    Occupation (for Individual) Managing Director - AMP

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4032.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : PR4804498876**

Amount of Each Receipt this Period  
384.00

Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

**B. Griffin, Thomas, D, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 West Chester Pike  
Building D- Suite 120

City Newtown Square    State PA    Zip Code 19073-2329

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Institute for Dermatopathology    Occupation (for Individual) Dermatopathologist - AMP

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : PR48045208876**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

**C. Spielvogel, Richard, L, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3805 West Chester Pike  
Building D- Suite 120

City Newtown Square    State PA    Zip Code 19073-2329

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Institute for Dermatopathology    Occupation (for Individual) Dermatopathologist, Hrly - AMP

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : PR48045238876**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	474.00
<b>TOTAL</b> 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 11 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Cohen, Jon, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Giralda Farms  
 City Madison State NJ Zip Code 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) SVP&Group Exec, Diag Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3990.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR48065418876**  
 Amount of Each Receipt this Period 380.00  
 Memo Item  
 P/R Deduction (\$190.00 Bi-Weekly)

**B. Seifert, Stephanie, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Malcolm Ave  
 City Teterboro State NJ Zip Code 07608-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Exec, Account - HP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 539.70

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR48540068876**  
 Amount of Each Receipt this Period 51.40  
 Memo Item  
 P/R Deduction (\$25.70 Bi-Weekly)

**C. Chaudhari, Prakash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4230 Burnham Ave  
 City Las Vegas State NV Zip Code 89119-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associated Pathologists Chart Occupation (for Individual) Pathologist, Assoc Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR48649958876**  
 Amount of Each Receipt this Period 22.00  
 Memo Item  
 P/R Deduction (\$11.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	453.40
<b>TOTAL</b> 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 12 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Hansen CPA, Garrett, H., , CPA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Mgr, Finance Benefits - Sr
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR48698338876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

**B. Catanese, Joseph, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1311 Harbor Bay Prky

City Alameda	State CA	Zip Code 94502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Science - Sr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
991.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR48730538876**

Amount of Each Receipt this Period  
94.42

Memo Item

P/R Deduction (\$47.21 Bi-Weekly)

**C. Jiron, Sandra, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5601 Office Blvd Northeast

City Albuquerque	State NM	Zip Code 87109-5879
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Supv, Patient Services
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR49191298876**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.42
<b>TOTAL</b> 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 13 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Shuman, Jeffrey, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) SVP, Chief HR Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR49343868876**

Amount of Each Receipt this Period  
200.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

**B. Cunningham, Everett, V, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) SVP, Commercial
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR49462728876**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**C. Davis, James, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12805 W Burleigh Road  
Suite 200

City Brookfield	State WI	Zip Code 53005-3111
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) EVP, General Diagnostics
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3990.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR49464728876**

Amount of Each Receipt this Period  
380.00

Memo Item

P/R Deduction (\$190.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<b>TOTAL</b> 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 14 OF 30
	<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Guinan, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Giralda Farms  
 City Madison State NJ Zip Code 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) EVP & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3990.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR49485128876**  
 Amount of Each Receipt this Period 380.00  
 Memo Item  
 P/R Deduction (\$190.00 Bi-Weekly)

**B. Arnold, Denise, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 S Broadway  
 City Denver State CO Zip Code 80209-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Hospital Lab-Regional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 733.32

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5303958876**  
 Amount of Each Receipt this Period 69.84  
 Memo Item  
 P/R Deduction (\$34.92 Bi-Weekly)

**C. Bakewell Jr., Hughes, Robert, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27175 Haggerty Road  
 City Novi State MI Zip Code 48377-3626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Exec Dir, Wellness Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5303978876**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	549.84
<b>TOTAL</b> 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 15 OF 30
	<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Danhof, Mary, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 E Sonterra Blvd  
 Suite 306  
 City San Antonio State TX Zip Code 78258-4763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Bus Dev Strat&Ventures  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5304148876**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Dexter, David, A, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1255 W. Washington Street  
 City Tempe State AZ Zip Code 85281-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Managing Director-Phoenix  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5304308876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Doherty, Catherine, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Giralda Farms  
 City Madison State NJ Zip Code 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) SVP, Group Exec - CFS & Mrktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5304338876**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> 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 16 OF 30
	<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Halbout, Jean-Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8401 Fallbrook Ave  
 City West Hills State CA Zip Code 91304-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) VP, Commercial - Regional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5304628876**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Hunt, Thomas, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Giralda Farms  
 City Madison State NJ Zip Code 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Exec Dir, Strat Rel & Integrat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5304698876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Jackson, Natalie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 875 Greentree Rd  
 Four Parkway Center  
 City Pittsburgh State PA Zip Code 15220-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Exec Dir, Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5304738876**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.00
<b>TOTAL</b> 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 17 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. McCabe, Gary, J, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 South Collegeville Road

City Collegeville	State PA	Zip Code 19426-2998
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Exec Dir, Health Plans
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR5304948876**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

**B. McLaughlin, John, W, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 South Collegeville Road

City Collegeville	State PA	Zip Code 19426-2998
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Exec Dir, HPPM & Gov Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR5304968876**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

**c. Orzolek, Scott, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Health SystemsBusiness-SR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR5305118876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 18 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Park, Laure, E, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) VP, Customer Experience Leader
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR5305148876**

Amount of Each Receipt this Period  
120.00

Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

**B. Prevoznik, Michael, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) SVP & General Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3990.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR5305188876**

Amount of Each Receipt this Period  
380.00

Memo Item

P/R Deduction (\$190.00 Bi-Weekly)

**C. Samuels, Gary, D, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) VP, Corp Comm & Public Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
605.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR5305298876**

Amount of Each Receipt this Period  
57.70

Memo Item

P/R Deduction (\$28.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	557.70
<b>TOTAL</b> 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 19 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Shlagor, Christine, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4444 Giddings Rd  
 City Auburn Hills State MI Zip Code 48326-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Exec Dir, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5305338876**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Stewart, Regina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Malcolm Ave  
 City Teterboro State NJ Zip Code 07608-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Lab Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5305368876**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Uva, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Giralda Farms  
 City Madison State NJ Zip Code 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Counsel, Asst Gen  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR5305448876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> 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 20 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Ciampo, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Malcolm Ave  
 City Teterboro State NJ Zip Code 07608-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Health Plans Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6604438876**  
 Amount of Each Receipt this Period 46.16  
 Memo Item  
 P/R Deduction (\$23.08 Bi-Weekly)

**B. Joyner, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Malcolm Ave  
 City Teterboro State NJ Zip Code 07608-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Mgr, Specimen Processing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6607948876**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Vandervort, Gary, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 875 Greentree Rd Four Parkway Center  
 City Pittsburgh State PA Zip Code 15220-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6621018876**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	106.16
<b>TOTAL</b> 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 21 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Dyson, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1311 Calle Batido  
 City San Clemente State CA Zip Code 92673-6316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Mgr, Cust Solutions Reg - Eso  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6626158876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Thomas, Anthony, V, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 Mittel Blvd  
 City Wood Dale State IL Zip Code 60191-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Medical - Regional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6636908876**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Bishar, Katie, K, Mrs,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33608 Ortega Highway  
 City San Juan Capistrano State CA Zip Code 92675-2042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) VP, Esoteric Lab Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1028.16

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6641248876**  
 Amount of Each Receipt this Period 97.92  
 Memo Item  
 P/R Deduction (\$48.96 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.92
<b>TOTAL</b> 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 22 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Sakinejad, Julia, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 Sulphur Spring Road  
 City Baltimore State MD Zip Code 21227-2949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Supv, Lab  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6643578876**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Markey, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Forest Street 3rd Floor Suite A  
 City Marlborough State MA Zip Code 01752-3023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6643968876**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Williams, Craig, L, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Malcolm Ave  
 City Teterboro State NJ Zip Code 07608-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Team Lead, Infra Support Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6654568876**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 23 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Johnson, June, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2655 Villa Creek Drive  
Ste 60

City Dallas State TX Zip Code 75234-7324

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Mgr, Program Sr-QMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : PR6668648876**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. McCormick, Robert, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10101 Renner Blvd

City Lenexa State KS Zip Code 66219-9752

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) VP, Employer Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1092.84

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : PR6670608876**

Amount of Each Receipt this Period  
104.08

Memo Item

P/R Deduction (\$52.04 Bi-Weekly)

**C. Macmurray, Mary, E, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Forest Street  
3rd Floor Suite A

City Marlborough State MA Zip Code 01752-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Mgr, Project - Commercial

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 31 / 2017  
**Transaction ID : PR6694158876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	164.08
<b>TOTAL</b> 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 24 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Bevan, Richard, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Exec Dir, Growth Initiatives
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3990.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6697498876**

Amount of Each Receipt this Period  
380.00

Memo Item

P/R Deduction (\$190.00 Bi-Weekly)

**B. Blaha, John, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Giralda Farms

City Madison	State NJ	Zip Code 07940-1027
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Corporate Security
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6698728876**

Amount of Each Receipt this Period  
80.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**C. Dandy, Carrie, A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10101 Renner Blvd

City Lenexa	State KS	Zip Code 66219-9752
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Controller
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6723778876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<b>TOTAL</b> 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 25 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. De La Fuente, Martha, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10200 Commerce Parkway

City Miramar	State FL	Zip Code 33025-3938
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Exec, Account - Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6745048876**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

**B. Miller, Patricia, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4225 E Fowler Avenue

City Tampa	State FL	Zip Code 33617-2026
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Mgr, EHS - Regional
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6748618876**

Amount of Each Receipt this Period  
41.22

Memo Item

P/R Deduction (\$20.61 Bi-Weekly)

**C. Lentz, Carl, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4770 Regent Blvd

City Irving	State TX	Zip Code 75063-2445
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Program-QMS
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
665.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6750728876**

Amount of Each Receipt this Period  
63.38

Memo Item

P/R Deduction (\$31.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.60
<b>TOTAL</b> 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 26 OF 30
<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Sharpe, Timothy, U, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 South Collegeville Road

City Collegeville	State PA	Zip Code 19426-2998
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) VP, Compliance
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6754548876**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

**B. VanNess, Dianne, Z, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 N Ritter Ave

City Indianapolis	State IN	Zip Code 46219-3027
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Business - JV
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6756668876**

Amount of Each Receipt this Period  
20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

**C. Steinhoff, Randal, J, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 South Collegeville Road

City Collegeville	State PA	Zip Code 19426-2998
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Exec Dir, HRBP
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR6771898876**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> 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 27 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Quest Diagnostics Incorporated Political Action Committee**

**A. Brown, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1311 Calle Batido  
 City San Clemente State CA Zip Code 92673-6316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Counsel, Dep Gen&Chief IP Ofc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6810478876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Russak, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8401 Fallbrook Ave  
 City West Hills State CA Zip Code 91304-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Dir, Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6823618876**  
 Amount of Each Receipt this Period 34.00  
 Memo Item  
 P/R Deduction (\$17.00 Bi-Weekly)

**C. Hamlin, Matthew, J, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4770 Regent Blvd  
 City Irving State TX Zip Code 75063-2445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) VP/GM - Regional  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR6844008876**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> 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 28 OF 30
	<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)  
**Quest Diagnostics Incorporated Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Messina, Patrick, D, ,**

Mailing Address 14225 Newbrook Drive

City Chantilly	State VA	Zip Code 20151-2228
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Mgr, Laboratory
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
377.16

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		31		2017

**Transaction ID : PR6883858876**

Amount of Each Receipt this Period  
35.92

Memo Item

P/R Deduction (\$17.96 Bi-Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**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)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.92
<b>TOTAL</b> This Period (last page this line number only).....▶	5613.78

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Quest Diagnostics Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ed Hernandez for Lieutenant Governor 2018**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2017

Mailing Address c/o NCP Associates  
556 South Fair Oaks Ave, Suite 101

City Pasadena State CA Zip Code 91107

Purpose of Disbursement  
Void - Orig rep't 07.14.17

011
Category/ Type

FEC Identification Number

C
Transaction ID : 4350163
Amount of Each Disbursement this Period
- 1000.00

Candidate Name

**Hernandez, Ed, , CA Sen., MD**

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

State: District:

Void - Orig rep't 07.14.17  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Ed Hernandez for Lieutenant Governor 2018**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2017

Mailing Address c/o NCP Associates  
556 South Fair Oaks Ave, Suite 101

City Pasadena State CA Zip Code 91107

Purpose of Disbursement  
Ed Hernandez, LIEUTENANT GOVERNOR CA

011
Category/ Type

FEC Identification Number

C
Transaction ID : 4350164
Amount of Each Disbursement this Period
1000.00
Ed Hernandez, LIEUTENANT GOVERNOR CA
<input type="checkbox"/> Memo Item

Candidate Name

**Hernandez, Ed, , CA Sen., MD**

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

State: District:

Full Name (Last, First, Middle Initial)

**C. HOLLY MITCHELL FOR SENATE 2018**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2017

Mailing Address c/o McKinley & Pillows Fundraising  
921 11th Street, Suite 904

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Void - Orig rep't 07.14.17

011
Category/ Type

FEC Identification Number

C
Transaction ID : 4350165
Amount of Each Disbursement this Period
- 1000.00
Void - Orig rep't 07.14.17
<input type="checkbox"/> Memo Item

Candidate Name

**Mitchell, Holly, , CA Sen.,**

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

State: District:

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

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

- 1000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Quest Diagnostics Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HOLLY MITCHELL FOR SENATE 2018**

Mailing Address c/o McKinley & Pillows Fundraising  
921 11th Street, Suite 904

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Holly Mitchell, STATE SENATE 26th CA

011

Candidate Name  
**Mitchell, Holly, , CA Sen.,**

Category/  
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2017

FEC Identification Number

C [ ]

**Transaction ID : 4350166**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item Holly Mitchell, STATE SENATE 26th CA

Full Name (Last, First, Middle Initial)

**B. Tony Thurmond for Assembly 2018**

Mailing Address c/o McKinley + Pillows Fundraising  
921 11th Street, Suite 904

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Void - Orig rep't 07.14.17

011

Candidate Name  
**Thurmond, Tony, , CA Asm.,**

Category/  
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2017

FEC Identification Number

C [ ]

**Transaction ID : 4350167**

Amount of Each Disbursement this Period

[ ] - 1000.00

Void - Orig rep't 07.14.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tony Thurmond for Assembly 2018**

Mailing Address c/o McKinley + Pillows Fundraising  
921 11th Street, Suite 904

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Tony Thurmond, STATE HOUSE 15th CA

011

Candidate Name  
**Thurmond, Tony, , CA Asm.,**

Category/  
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2017

FEC Identification Number

C [ ]

**Transaction ID : 4350168**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item Tony Thurmond, STATE HOUSE 15th CA

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

[ ] 1000.00

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

[ ] 0.00