

**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 29
<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. 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 ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR5305369062
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR5305449062
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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 ▼ 600.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : PR6604439062
 Amount of Each Receipt this Period 69.24
 Memo Item
 P/R Deduction (\$23.08 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	174.24
TOTAL This Period (last page this line number only).....	