

**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 25
	<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. Christine R Shlagor
 Full Name (Last, First, Middle Initial)
 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 Quest Diagnostics Occupation Exec Dir, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR5305337778
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Kim Uva
 Full Name (Last, First, Middle Initial)
 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 Quest Diagnostics Occupation Counsel, Asst Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR5305447778
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Elizabeth Ciampo
 Full Name (Last, First, Middle Initial)
 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 Quest Diagnostics Occupation Dir, Health Plans Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt 07 / 31 / 2016
Transaction ID : PR6604437778
 Amount of Each Receipt this Period 69.24
 Memo Item
 P/R Deduction (\$23.08 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	294.24
TOTAL This Period (last page this line number only).....	