

# 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) 300 New Jersey Avenue, NW Suite 900 Washington DC 20001

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00329185

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2016 through [MM] / [DD] / [YYYY] 04 / 30 / 2016

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

Type or Print Name of Treasurer Garrett H. Hansen

Signature of Treasurer Garrett H. Hansen [Electronically Filed] Date 05 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		<input type="text" value="211154.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="213194.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6435.08"/>	<input type="text" value="26025.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="219629.89"/>	<input type="text" value="237179.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5700.00"/>	<input type="text" value="23250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="213929.89"/>	<input type="text" value="213929.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 06/2004)

Write or Type Committee Name

**Quest Diagnostics Incorporated Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 04 / 30 / 2016

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).....	4765.72	14569.32
(ii) Unitemized .....	1669.36	11456.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6435.08	26025.32
(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) .....	6435.08	26025.32
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	0.00
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))..... ▶	6435.08	26025.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6435.08	26025.32

**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.....	5000.00	22500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00
(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	0.00
29. Other Disbursements .....	700.00	700.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	5700.00	23250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5700.00	23250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6435.08	26025.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6435.08	26025.32
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 18
<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. Mr Deirdre E Flannery**  
 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 Dir, State Gov't Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR36123187585**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Mr Peter M Wilkinson**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation Dir, Operations - Medicare Adv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.04

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR45545437585**  
 Amount of Each Receipt this Period 60.76  
 Memo Item  
 P/R Deduction (\$30.38 Bi-Weekly)

**C. Glenville Denton**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation Dir, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.08

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR46313137585**  
 Amount of Each Receipt this Period 57.52  
 Memo Item  
 P/R Deduction (\$28.76 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.28
<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 18
	<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. Dr Jeffrey Mossler**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation Managing Director - AMP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR47989507585**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Dr Connie Anne St. Clair**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation Dermatopathologist - AMP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.28

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48001437585**  
 Amount of Each Receipt this Period 176.32  
 Memo Item  
 P/R Deduction (\$88.16 Bi-Weekly)

**C. Dr Mercedes Fernandez**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation Pathologist - AMP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48001497585**  
 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).....	356.32
<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 18
<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. Dr Timothy M Kilpatrick**  
 Full Name (Last, First, Middle Initial)  
 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 Kilpatrick Pathology PA Occupation Managing Director - AMP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48044987585**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. Dr Richard L Spielvogel**  
 Full Name (Last, First, Middle Initial)  
 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 Institute for Dermatopathology Occupation Dermatopathologist - AMP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48045237585**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Jon R Cohen**  
 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 SVP & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48065417585**  
 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).....	844.00
<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 9 OF 18
<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. Curtis N Caldwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 W Antelope Dr  
 Suite 230  
 City Layton State UT Zip Code 84041-1168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Quest Diagnostics Occupation Dir, Health Plans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 303.28

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48405217585**  
 Amount of Each Receipt this Period 75.82  
 Memo Item  
 P/R Deduction (\$37.91 Bi-Weekly)

**B. Stephanie Ann Seifert**  
 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 Exec, Account - HP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.60

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48540067585**  
 Amount of Each Receipt this Period 51.40  
 Memo Item  
 P/R Deduction (\$25.70 Bi-Weekly)

**C. Joseph J Catanese**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation Dir, Science - Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR48730537585**  
 Amount of Each Receipt this Period 94.42  
 Memo Item  
 P/R Deduction (\$47.21 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	221.64
<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 10 OF 18
<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. Jeffrey S Shuman**  
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 SVP, Chief HR Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR49343867585**

Amount of Each Receipt this Period **200.00**

Memo Item

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

**B. James E Davis**  
Full Name (Last, First, Middle Initial)

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 Quest Diagnostics Occupation SVP, Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR49464727585**

Amount of Each Receipt this Period **380.00**

Memo Item

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

**C. David B Sholehvar**  
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 VP, Commercial - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **369.28**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR49464837585**

Amount of Each Receipt this Period **92.32**

Memo Item

P/R Deduction (\$46.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **672.32**

**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 11 OF 18
	<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. Dolly A. Judge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1145 19th St N.W.  
City Washington State DC Zip Code 20036-3702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Quest Diagnostics Occupation VP, Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.96

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR49484977585**  
Amount of Each Receipt this Period 100.24  
 Memo Item  
P/R Deduction (\$50.12 Bi-Weekly)

**B. Mark Guinan**  
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 SVP & Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR49485127585**  
Amount of Each Receipt this Period 380.00  
 Memo Item  
P/R Deduction (\$190.00 Bi-Weekly)

**C. Denise M Arnold**  
Full Name (Last, First, Middle Initial)  
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 Quest Diagnostics Occupation Dir, Business Ops - Interim  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 279.36

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR5303957585**  
Amount of Each Receipt this Period 69.84  
 Memo Item  
P/R Deduction (\$34.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.08
<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: PAGE 12 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Hughes Robert Bakewell Jr. Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27175 Haggerty Road  
 City State Zip Code  
 Novi MI 48377-3626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Quest Diagnostics Exec Dir, Wellness Operations  
 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  
 04 / 30 / 2016  
**Transaction ID : PR5303977585**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Catherine T Doherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Giralda Farms  
 City State Zip Code  
 Madison NJ 07940-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Quest Diagnostics SVP, Clinical Franchises  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR5304337585**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Jean-Marc Halbout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8401 Fallbrook Ave  
 City State Zip Code  
 West Hills CA 91304-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Quest Diagnostics VP, Commercial - Regional  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR5304627585**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**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 13 OF 18
<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. Mrs Laure E Park**  
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 VP, Customer Experience Leader
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR5305147585**

Amount of Each Receipt this Period  

120.00
--------

 Memo Item

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

**B. Mr Michael Prevoznik**  
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 SVP & General Counsel
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR5305187585**

Amount of Each Receipt this Period  

380.00
--------

 Memo Item

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

**C. Mr Gary D Samuels**  
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 VP, Corp Comm & Public Affairs
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR5305297585**

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).....▶	<b>557.70</b>
<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 18
<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. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR5305337585**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Mrs Katie K Bishar**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation VP, Esoteric Lab Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 391.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR6641247585**  
 Amount of Each Receipt this Period 97.92  
 Memo Item  
 P/R Deduction (\$48.96 Bi-Weekly)

**C. Mr Robert McCormick**  
 Full Name (Last, First, Middle Initial)  
 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 Quest Diagnostics Occupation VP, Employer Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.32

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR6670607585**  
 Amount of Each Receipt this Period 104.08  
 Memo Item  
 P/R Deduction (\$52.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.00
<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 15 OF 18
<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. Mr Richard L Bevan**  
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 VP, Program - Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR6697497585**

Amount of Each Receipt this Period 380.00

Memo Item

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

**B. Mr John Blaha**  
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 Dir, Corporate Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR6698727585**

Amount of Each Receipt this Period 80.00

Memo Item

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

**C. Mr Carl Lentz**  
Full Name (Last, First, Middle Initial)

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 Quest Diagnostics Occupation Dir, Program-QMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.52

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR6750727585**

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).....	523.38
<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: PAGE 16 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr Timothy U Sharpe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 South Collegeville Road  
 City State Zip Code  
 Collegeville PA 19426-2998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Quest Diagnostics VP, Compliance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR6754547585**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Mr Matthew J Hamlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4770 Regent Blvd  
 City State Zip Code  
 Irving TX 75063-2445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Quest Diagnostics VP/GM - Regional  
 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  
 04 / 30 / 2016  
**Transaction ID : PR6844007585**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4765.72



**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contribution to a federal candidate

011

Candidate Name

**Rep. Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

**Transaction ID : 4241666**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution to a federal candidate

Full Name (Last, First, Middle Initial)

**B. Robin Kelly For Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Contribution to a federal candidate

011

Candidate Name

**Rep. Robin Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

**Transaction ID : 4241667**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution to a federal candidate

Full Name (Last, First, Middle Initial)

**C. Robin Kelly For Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Contribution to a federal candidate

011

Candidate Name

**Rep. Robin Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2016

**Transaction ID : 4241668**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Contribution to a federal candidate

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

5000.00

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

5000.00

**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"/> 24	<input type="checkbox"/> 25	<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. Koretz for City Council 2017**

Mailing Address 249 East Ocean Boulevard  
Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
Paul Koretz, City Council CA

Candidate Name

**Paul Koretz**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4245796**

Amount of Each Disbursement this Period

Memo Item  
Paul Koretz, City Council CA

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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