

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

Check if different than previously reported. (ACC)

Suite 900

Washington

DC

20001

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:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

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

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

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

5. Covering Period

[MM] / [DD] / [YYYY] 05 / 01 / 2017

through

[MM] / [DD] / [YYYY] 05 / 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.

Hansen, Garrett H., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hansen, Garrett H., , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 06 / 19 / 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.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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"/>	<input type="text" value="234027.25"/>	<input type="text" value="234027.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="241215.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6003.78"/>	<input type="text" value="30742.02"/>
(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="247219.27"/>	<input type="text" value="264769.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14080.00"/>	<input type="text" value="31630.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="233139.27"/>	<input type="text" value="233139.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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. 05/2016)

Write or Type Committee Name

Quest Diagnostics Incorporated Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
05 / 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).....	4968.86	19100.38
(ii) Unitemized	1034.92	11641.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6003.78	30742.02
(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)	6003.78	30742.02
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)).....▶	6003.78	30742.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6003.78	30742.02

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.....	11000.00	28500.00
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	80.00	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)).....	80.00	80.00
29. Other Disbursements (Including Non-Federal Donations).....	3000.00	3000.00
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)) ..	14080.00	31630.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14080.00	31630.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6003.78	30742.02
34. Total Contribution Refunds (from Line 28(d))	80.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5923.78	30662.02
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 23
<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. Flannery, Deirdre, E, 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Counsel, Sr Corporate
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
160.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2017

Transaction ID : 4332057

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$80.00 This changes the YTD Total to \$160.00

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

Mailing Address 3714 Northgate Blvd

City Sacramento	State CA	Zip Code 95834-1617
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Lab Operations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2017

Transaction ID : PR16945898530

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 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 ▼
219.50

Date of Receipt
MM / DD / YYYY
05 / 31 / 2017

Transaction ID : PR45535218530

Amount of Each Receipt this Period
43.90

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	93.90
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 7 OF 23
<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. Wilkinson, Peter, 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
----------------	-------------	------------------------

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

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Dir, Operations - Medicare Adv
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR45545438530

Amount of Each Receipt this Period
60.76

Memo Item

P/R Deduction (\$30.38 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
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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 ▼
287.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR46313138530

Amount of Each Receipt this Period
57.52

Memo Item

P/R Deduction (\$28.76 Bi-Weekly)

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

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Managing Director - AMP
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR47989508530

Amount of Each Receipt this Period
80.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	198.28
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 8 OF 23
<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. 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 ▼
881.60

Date of Receipt
MM / DD / YYYY
05 / 31 / 2017

Transaction ID : PR48001438530

Amount of Each Receipt this Period
176.32

Memo Item

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

B. 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 ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2017

Transaction ID : PR48001498530

Amount of Each Receipt this Period
100.00

Memo Item

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

C. 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 ▼
1920.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2017

Transaction ID : PR48044988530

Amount of Each Receipt this Period
384.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	660.32
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 9 OF 23
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Institute for Dermatopathology	Occupation (for Individual) Dermatopathologist - AMP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR48045208530

Amount of Each Receipt this Period
50.00

Memo Item

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

B. 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
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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 ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR48065418530

Amount of Each Receipt this Period
380.00

Memo Item

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

C. 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
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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 ▼
257.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR48540068530

Amount of Each Receipt this Period
51.40

Memo Item

P/R Deduction (\$25.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	481.40
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 23
<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. 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 ▼ 472.10

Date of Receipt 05 / 31 / 2017
Transaction ID : PR48730538530
 Amount of Each Receipt this Period 94.42
 Memo Item
 P/R Deduction (\$47.21 Bi-Weekly)

B. 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 ▼ 1000.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR49343868530
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 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 ▼ 1900.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR49464728530
 Amount of Each Receipt this Period 380.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	674.42
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 23
	<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. Judge, Dolly, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 New Jersey Avenue, NW
 Suite 900
 City Washington State DC Zip Code 20001-2271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR49484978530
 Amount of Each Receipt this Period
 100.24
 Memo Item
 P/R Deduction (\$50.12 Bi-Weekly)

B. 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 ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR49485128530
 Amount of Each Receipt this Period
 380.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

C. 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 ▼ 349.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR5303958530
 Amount of Each Receipt this Period
 69.84
 Memo Item
 P/R Deduction (\$34.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	550.08
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 12 OF 23
<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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR5303978530

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$50.00 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR5304308530

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR5304338530

Amount of Each Receipt this Period
200.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	350.00
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 23
	<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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5304628530

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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5304698530

Amount of Each Receipt this Period
50.00

Memo Item

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

C. 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
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5305148530

Amount of Each Receipt this Period
120.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	250.00
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 14 OF 23
<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. 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 ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5305188530

Amount of Each Receipt this Period
380.00

Memo Item

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

B. 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 ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5305298530

Amount of Each Receipt this Period
57.70

Memo Item

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

C. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5305338530

Amount of Each Receipt this Period
100.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	537.70
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 15 OF 23
<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. 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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR5305448530

Amount of Each Receipt this Period
50.00

Memo Item

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

B. 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
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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 ▼
230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6604438530

Amount of Each Receipt this Period
46.16

Memo Item

P/R Deduction (\$23.08 Bi-Weekly)

C. 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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6626158530

Amount of Each Receipt this Period
50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	146.16
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 16 OF 23
	<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. 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 ▼
489.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6641248530

Amount of Each Receipt this Period
97.92

Memo Item

P/R Deduction (\$48.96 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 ▼
520.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6670608530

Amount of Each Receipt this Period
104.08

Memo Item

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

C. 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 ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6697498530

Amount of Each Receipt this Period
380.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	582.00
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 17 OF 23
<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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6698728530

Amount of Each Receipt this Period
80.00

Memo Item

P/R Deduction (\$40.00 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 ▼
206.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6748618530

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 ▼
316.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6750728530

Amount of Each Receipt this Period
63.38

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	184.60
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 18 OF 23
<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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6754548530

Amount of Each Receipt this Period
60.00

Memo Item

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

B. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6771898530

Amount of Each Receipt this Period
50.00

Memo Item

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

C. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6810478530

Amount of Each Receipt this Period
50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	160.00
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 19 OF 23
<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
Hamlin, Matthew, J, Mr,

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR6844008530

Amount of Each Receipt this Period
100.00

Memo Item

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

B. 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 M	/	D D D	/	Y Y 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)
-----------------------------------	-----------------------------

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

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	4968.86

**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"/> 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. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution to a federal candidate

Category/
Type

Candidate Name
Kaine, Tim, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4320182

Amount of Each Disbursement this Period

Contribution to a federal candidate

Memo Item

Full Name (Last, First, Middle Initial)

B. Lone Star Leadership PAC

Mailing Address PO Bos 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
Contribution to a federal committee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4325997

Amount of Each Disbursement this Period

Contribution to a federal committee

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution to a federal candidate

Category/
Type

Candidate Name
Barrasso, John, A., Sen., MD

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WY District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4325998

Amount of Each Disbursement this Period

Contribution to a federal candidate

Memo Item

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

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

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"/> 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. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
Contribution to a federal candidate

011
Category/ Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	17	/	2017

FEC Identification Number

C	C00333427
---	-----------

Transaction ID : 4325999

Amount of Each Disbursement this Period

1000.00

Contribution to a federal candidate

Memo Item

Full Name (Last, First, Middle Initial)

B. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225

Purpose of Disbursement
Contribution to a federal candidate

011
Category/ Type

Candidate Name

Yoder, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2017

FEC Identification Number

C	C00472365
---	-----------

Transaction ID : 4326008

Amount of Each Disbursement this Period

2500.00

Contribution to a federal candidate

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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FEC Identification Number

C	
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Amount of Each Disbursement this Period

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Memo Item

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

3500.00

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

11000.00

**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 checked="" 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. Flannery, Deirdre, E, Mr,

Mailing Address 3 Giralda Farms

City
Madison

State
NJ

Zip Code
07940-1027

Purpose of Disbursement
Refund of individual contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4326003

Amount of Each Disbursement this Period

Refund of individual contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**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. McCarty for Assembly 2018

Mailing Address 1005 12th Street, Suite H

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Kevin McCarty, STATE HOUSE 7th CA

011

Category/
Type

Candidate Name

McCarty, Kevin, , CA Asm.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number

C []

Transaction ID : 4326000

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Kevin McCarty, STATE HOUSE 7th CA

Full Name (Last, First, Middle Initial)

B. Matt Dababneh for Assembly 2018

Mailing Address 1005 - 12th Street, Suite H

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Matt Dababneh, STATE HOUSE 45th CA

011

Category/
Type

Candidate Name

Dababneh, Matt, , CA Asm.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number

C []

Transaction ID : 4326001

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Matt Dababneh, STATE HOUSE 45th CA

Full Name (Last, First, Middle Initial)

C. Bill Brough State Assembly 2018

Mailing Address c/o Goldent State Strategy Group
PO Box 661045

City Sacramento State CA Zip Code 95866

Purpose of Disbursement
Bill Brough, STATE HOUSE 73rd CA

011

Category/
Type

Candidate Name

Brough, Bill, , CA Asm.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C []

Transaction ID : 4326002

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Bill Brough, STATE HOUSE 73rd CA

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

[] 3000.00

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

[] 3000.00