

**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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 10101 Renner Blvd

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

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) VP, Insurance Services
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR45539247950**

Amount of Each Receipt this Period  
40.00

Memo Item

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

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

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

Aggregate Year-to-Date ▼  
577.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR45545437950**

Amount of Each Receipt this Period  
60.76

Memo Item

P/R Deduction (\$30.38 Bi-Weekly)

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

Mailing Address 3 Giralda Farms

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

Name of Employer (for Individual) Quest Diagnostics	Occupation (for Individual) Counsel, Dep Gen&Chief Lit Ofc
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR45570067950**

Amount of Each Receipt this Period  
30.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.76
<b>TOTAL</b> This Period (last page this line number only).....	