

**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

CVS Health PAC

ADDRESS (number and street)

1275 Pennsylvania Avenue, NW

Suite 700

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00384818

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

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

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 Heather A Cutler

Signature of Treasurer

Heather A Cutler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2015

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CVS Health PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 03 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		157916.80
(b) Cash on Hand at Beginning of Reporting Period.....	200111.75	
(c) Total Receipts (from Line 19) .....	52277.76	114972.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	252389.51	272889.51
7. Total Disbursements (from Line 31) .....	104620.00	125120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	147769.51	147769.51
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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)

Page 3

Write or Type Committee Name

CVS Health PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
03 / 01 / 2015

To:

M M / D D / Y Y Y Y Y  
03 / 31 / 2015
**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).....

41569.20

67625.13

(ii) Unitemized .....

10708.56

47347.58

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

52277.76

114972.71

(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) ..... ▶

52277.76

114972.71

## 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))..... ▶

52277.76

114972.71

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

52277.76

114972.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	104500.00	123000.00
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 .....	120.00	120.00
(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)).....	120.00	120.00
29. Other Disbursements .....	0.00	2000.00
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)) ..	104620.00	125120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	104620.00	125120.00

**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) .....	52277.76	114972.71
34. Total Contribution Refunds (from Line 28(d)) .....	120.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52157.76	114852.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
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	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Lotvin Alan**

Mailing Address 7 Sylvan Wy

City

Hopkinton

State

RI

Zip Code

01748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

EVP Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958076

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Kiler P Andrew**

Mailing Address 332 Meadow Creek Drive

City

Westminster

State

MD

Zip Code

21158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

District Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988825

Amount of Each Receipt this Period

83.34

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**C. Patterson Angela**

Mailing Address 200 Exchange St. #1413

City

Providence

State

RI

Zip Code

02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

MC, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958448

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

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

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

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Puopolo Ann Louise**

Mailing Address 39-2 Commercial Wharf Eas

City State Zip Code  
 Boston MA 02110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

VP Quality and Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2957418**

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Lora L Armstrong**

Mailing Address 125 Willow Blvd

City State Zip Code  
 Willow Springs IL 60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Caremark, L.L.C

Vice President, Clinical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 20 2015

**Transaction ID : C2988834**

Amount of Each Receipt this Period

76.92

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**C. Tracy Bahl**

Mailing Address 41 Birchwood Dr

City State Zip Code  
 Greenwich CT 06831-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CVS Health

EVP Health Plans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2958461**

Amount of Each Receipt this Period

333.33

\* Payroll Deduction: Monthly

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

610.25

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Cheryl L Bailey**

Mailing Address 1024 N. Honore St. #1

City State Zip Code  
 Chicago IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C.

Occupation

VP Consultant & Broker Strateg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988814

Amount of Each Receipt this Period

138.46

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **B. Scott E. Baker**

Mailing Address 18 Miss Fry Drive

City State Zip Code  
 East Greenwich RI 02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C.

Occupation

EVP Internal Ops & Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.99

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957647

Amount of Each Receipt this Period

333.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Mitch G Betses**

Mailing Address 19 Winter Green Drive

City State Zip Code  
 Merrimack NH 03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C.

Occupation

SVP COO Med D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958059

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

671.79



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Thompson T Booker

Mailing Address 1801 Rizzi Lane

City

Bartlett

State

IL

Zip Code

60103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957492

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Eva Boratto

Mailing Address 505 Hobby Horse Hill

City

Lower Gwynedd

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

SVP Finance

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958067

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Richard Bracken

Mailing Address 920 Tyne Boulevard

City

Nashville

State

TN

Zip Code

37220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Board Member

Receipt For: 2016

☒  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : C2966448

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2833.33

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Mearns Brian**

Mailing Address 2 Ocean Rise Dr

City

Westerly

State

RI

Zip Code

02891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958434

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Karen Brown**

Mailing Address 50 PARK ROW W APT 906

City

PROVIDENCE

State

RI

Zip Code

02903-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957573

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Lyons C Bruce**

Mailing Address 3385 Rfd

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.49

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958196

Amount of Each Receipt this Period

166.83

\* Payroll Deduction: Monthly

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

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

566.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Macrae E Bruce**

Mailing Address 3032 Margo Lane

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 20 2015

**Transaction ID : C2988818**

Amount of Each Receipt this Period

110.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **B. Michael W buckless**

Mailing Address One Bergen Court

City State Zip Code  
 Marlton NJ 08053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP Real Estate

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  
 03 12 2015

**Transaction ID : C2957648**

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. John M Buckley**

Mailing Address 9 Justin Dr

City State Zip Code  
 Mansfield MA 02048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP & Chief Compliance Officer

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  
 03 12 2015

**Transaction ID : C2957651**

Amount of Each Receipt this Period

450.00

\* Payroll Deduction: Monthly

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

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

660.00

# **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 12 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Larry D. Burton**

Mailing Address 4733 N. Dittmar Road

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

SVP Govnmt Relations CVS CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958440

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Stang Carolyn**

Mailing Address 12964 W Eagle Ridge Lane

City

Peoria

State

IL

Zip Code

85383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Sr Advisor Medicare Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988812

Amount of Each Receipt this Period

154.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**C. David L Casey**

Mailing Address 10 Foster Way

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Diversity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958066

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

604.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 13 OF 60

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Henry Casillas**

Mailing Address 777 South Harbor Blvd

City State Zip Code  
 La Habra CA 90631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958121

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Carolyn Castel**

Mailing Address 322 Mason Terrace

City State Zip Code  
 Brookline MA 02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957803

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Golden Jr E. Charles Jr.**

Mailing Address 26 South Eagle Nest Dr

City State Zip Code  
 Lincoln RI 02865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Construction & Prop Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957652

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

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

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

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy R Christal**

Mailing Address 15 Rockinghorse Tr

City State Zip Code  
 Rye Brook NY 10573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP, Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

Transaction ID : C2958136

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Cox L Christopher**

Mailing Address 25 Plymouth Road

City State Zip Code  
 Needham MA 02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Director I, Pharmacy Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

Transaction ID : C2958293

Amount of Each Receipt this Period

166.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Wilson Christopher**

Mailing Address 2 Tiffany Road

City State Zip Code  
 Morristown NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP Market Intelligence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

Transaction ID : C2988822

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Biweekly

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

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

516.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Colleen M Cleveland

Mailing Address 1761 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Proposals &amp; Client Strategy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957719

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Steve Cohan

Mailing Address 42 Clarke Rd.

City

Barrington

State

RI

Zip Code

02806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958058

Amount of Each Receipt this Period

208.50

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

c. Thiele M Craig

Mailing Address 9 Marion Dr

City

Coventry

State

RI

Zip Code

02816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

AVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958150

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

508.50

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  
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FOR LINE NUMBER: PAGE 16 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Falkowski David**

Mailing Address 178 Margery Ln

City  
Westwood

State Zip Code  
MA 02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP & General Auditor, CVS CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958068

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Carol A. De Nale**

Mailing Address 75 Poplar Street

City  
Watertown

State Zip Code  
MA 02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark Corporation

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958165

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Connell-Deleeuw Debra**

Mailing Address 5326 W Waltann Ln

City  
Glendale

State Zip Code  
AZ 85306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Sr Manager, Application Develop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : C2988840

Amount of Each Receipt this Period

70.00

\* Payroll Deduction: Biweekly

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

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

520.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Dell**

Mailing Address 1 Cvs Dr

City

Woonsocket

State

RI

Zip Code

02895-6146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : C2988815**

Amount of Each Receipt this Period

115.38

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**B. David M Denton**

Mailing Address 373 Commonwealth Ave

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

EVP & CFO, CVS CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958259**

Amount of Each Receipt this Period

208.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**c. Nancy-Ann DeParle**

Mailing Address 4229 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Board Member

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : C2966454**

Amount of Each Receipt this Period

5000.00

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

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

5323.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 60  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. James M Dixon**

Mailing Address 305 Blackthorn Drive

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988813

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**B. David Dorman**

Mailing Address 3657 Peachtree Road, NE  
Apt. 2B

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Board Member

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 26 / 2015

Transaction ID : C2966460

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**c. Christopher W Dupaul**

Mailing Address 245 Elmgrove Ave

City

Providence

State

RI

Zip Code

02906-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Product Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957786

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

5350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Boone H Eileen**

Mailing Address 5 Little Lane

City

Barrington

State

RI

Zip Code

02806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP, Corp Comm & Commty Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957760

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Jon Fliss**

Mailing Address 10 Stable Way

City

Medway

State

MA

Zip Code

02053-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP, Comp & Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958460

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Thrower P Frank**

Mailing Address 760 Shipwatch Drive East

City

Jacksonville

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Pharmacy Supervisor, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.01

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958406

Amount of Each Receipt this Period

86.67

\* Payroll Deduction: Monthly

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

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

436.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 20 OF 60  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Burns W Frederick**

Mailing Address 4950 4th Place

City

Vero Beach

State

FL

Zip Code

32968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Dir Materials Management

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988839

Amount of Each Receipt this Period

70.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**B. Jeff J Gallagher**

Mailing Address 235 Fisher Rd

City

Saxonburg

State

PA

Zip Code

16056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP A/R Specialty

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988826

Amount of Each Receipt this Period

83.32

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**C. Brian J Garish**

Mailing Address 12532 Willingdon Road

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958416

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

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

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

253.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Patrick Gilligan**

Mailing Address 12 Wampanoag Dr

City State Zip Code  
 Acton MA 01720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C.

Occupation

SVP Health System Alliances

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C2958082**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Walker D Gloria**

Mailing Address 105 Shadow Mountain Dr

City State Zip Code  
 Cibolo TX 78108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Dir Customer Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C2988845**

Amount of Each Receipt this Period

70.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **C. Cassin F Gregory**

Mailing Address 14177 Wayford Run

City State Zip Code  
 Shelby Township MI 48315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C2957988**

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

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

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

403.33

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Mark G Griffin**

Mailing Address 39 Opal Circle

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Human Resources CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957447

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Tracy Grunsfeld**

Mailing Address 1 Cvs Dr

City

Woonsocket

State

RI

Zip Code

02895-6146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Product Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957454

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Todd Todd Guinn**

Mailing Address 18 N La Arboleta Dr

City

Gilbert

State

AZ

Zip Code

85234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988816

Amount of Each Receipt this Period

115.38

\* Payroll Deduction: Biweekly

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

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

565.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Devlin A Heidi**

Mailing Address 66 Jefferson Rd

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Advertising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958141

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Foulkes B Helena**

Mailing Address 120 Brown St.

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

EVP & Chief HC Strategy & Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958134

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Allen K Horne**

Mailing Address 12004 Uplands Ridge

City

Austin

State

TX

Zip Code

78738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988819

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Biweekly

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

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

616.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. King B James**

Mailing Address 12724 East Sunnyside

City State Zip Code  
 Scottsdale AZ 85259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Medicare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C2988809**

Amount of Each Receipt this Period

184.60

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**B. Margiotta C James**

Mailing Address 6813 David Lane

City State Zip Code  
 Colleyville TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.49

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C2957475**

Amount of Each Receipt this Period

166.83

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Murray D James**

Mailing Address 30 Spartan Arrow Rd

City State Zip Code  
 Littleton MA 01460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

MC, VP IS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C2958433**

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

551.43



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Jackson A Jeffrey**

Mailing Address 32405 N 136th St

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Client Connect Migration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : C2988831**

Amount of Each Receipt this Period

80.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**B. Raman W Jeffrey**

Mailing Address 109 Wheatley Blvd

City

Mullica Hill

State

NJ

Zip Code

08062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958021**

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Powers Jennifer**

Mailing Address 7441 Bob O'Link Way

City

Port Saint Lucie

State

FL

Zip Code

34986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Pharmacy Supervisor, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2957414**

Amount of Each Receipt this Period

86.67

\* Payroll Deduction: Monthly

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

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

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. O'Rourke Joan**

Mailing Address 1106 South Cleveland

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Specialty Program Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2015

**Transaction ID : C2957610**

Amount of Each Receipt this Period

166.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Roberts C Jonathan**

Mailing Address 455 Hunter Crossing

City State Zip Code  
East Greenwich RI 02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

President, CVS CMK Pharm Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2015

**Transaction ID : C2958140**

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Brenna B Jordan**

Mailing Address 100 River Farm Dr

City State Zip Code  
Eastgreenwich RI 02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP & Sr Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2015

**Transaction ID : C2957753**

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

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

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

733.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Frendo Joseph**

Mailing Address 9 Greenhill Trl

City

Trophy Club

State

TX

Zip Code

76262-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

SVP Mail & Customer Care Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2957589**

Amount of Each Receipt this Period

416.67

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Haas Jr J Joseph**

Mailing Address 12267 Carberry Ln

City

Roscoe

State

IL

Zip Code

61073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958371**

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Flum M Joshua**

Mailing Address 7 Summer Heights Drive

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP, Retail Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958147**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

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

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

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Sansone S Judith**

Mailing Address 80 Kasey Court

City

Uxbridge

State

RI

Zip Code

01569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Merchandising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2957746**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Youngs June**

Mailing Address 190 Stone Ridge Dr

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958443**

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Seth B Kamen**

Mailing Address 549 Wayland Ave

City

Providence

State

RI

Zip Code

02906-4722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Sr Director, Talent Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2957494**

Amount of Each Receipt this Period

125.00

\* Payroll Deduction: Monthly

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

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

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Shafer Kay**

Mailing Address 6635 North 36th Street

City State Zip Code  
 Phoenix AZ 85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 20 2015

**Transaction ID : C2988811**

Amount of Each Receipt this Period

156.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **B. Czarnecki R Ken**

Mailing Address 7803 Purdue Street

City State Zip Code  
 Dallas TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2958167**

Amount of Each Receipt this Period

216.67

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Murphy L Kevin Jr.**

Mailing Address 20 Narragansett Ave #503

City State Zip Code  
 Narragansett RI 02882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP Infusion

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2958444**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

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

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

622.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. McDonnell Kimberly**

Mailing Address 10260 E Whitefeather 2053

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP, Medicare Health Plan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958075

Amount of Each Receipt this Period

82.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Jeffrey R Knudson**

Mailing Address 65 Laurel Wood Drive

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Vice President Finance and Retail Cont

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958115

Amount of Each Receipt this Period

208.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Merlo J Larry**

Mailing Address 3 Clauson Court

City

E Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

President & CEO, CVS CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958133

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

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

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

706.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. John M Lavin**

Mailing Address 10505 E. Cactus Road

City State Zip Code  
 Scottsdale AZ 85259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Network Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2958170**

Amount of Each Receipt this Period

375.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Bisaccia G Lisa**

Mailing Address 10 W Cushing St

City State Zip Code  
 Providence MA 02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP, Chief HR Officer, CVS CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2957756**

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Gary Loeber**

Mailing Address 10027 Bluff Rd

City State Zip Code  
 Eden Prairie MN 55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Trade Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2958445**

Amount of Each Receipt this Period

125.00

\* Payroll Deduction: Monthly

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

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

916.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Feczko Lucia**

Mailing Address 23636 Hearthside Drive

City

Deer Park

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Dir Specialty Pharmacy Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988841

Amount of Each Receipt this Period

70.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **B. Schlaifer Marissa**

Mailing Address 1050 N. Stuart St. #400  
#400

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

Sr Director, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.10

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988810

Amount of Each Receipt this Period

184.60

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **C. Satre S Mark**

Mailing Address 11060 E. Winchcomb Dr.

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Project Management Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988823

Amount of Each Receipt this Period

92.30

\* Payroll Deduction: Biweekly

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

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

346.90



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Leonard J Matthew

Mailing Address 119 Kettlepond Dr

City

S Kingstown

State

RI

Zip Code

02879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

EVP Pharma Contr, Purch &amp; Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957532

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Colleen McIntosh

Mailing Address 87 Roselawn Road

City

Highland Mills

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

SVP Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957547

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Studzinski L Melissa

Mailing Address 125 Woodbury Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Vice President, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957796

Amount of Each Receipt this Period

166.67

\* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

666.67

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. King L Michael

Mailing Address 3809 Hanover Drive

City State Zip Code  
Mason OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

District Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958394

Amount of Each Receipt this Period

125.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Mcenany F Michael

Mailing Address 147 Benefit Street #3

City State Zip Code  
Providence RI 02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VPMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957560

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Jean-Pierre Millon

Mailing Address 3908 East San Miguel Avenue

City State Zip Code  
Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Board Member

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : C2966449

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2725.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas S Moffatt**

Mailing Address 29 Homestead Circle

City

Kingston

State

RI

Zip Code

02881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Asst. Secretary & Asst. General Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957747

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Thomas Moriarty**

Mailing Address 41 Lake Rd

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

EVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958069

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Gagliano Nancy**

Mailing Address 9 Highwood Rd

City

Manchester

State

RI

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

MC, Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958065

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

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

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

616.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Anthony M Palmieri**

Mailing Address 16553 North 104th Street

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988837

Amount of Each Receipt this Period

76.92

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**B. David Palombi**

Mailing Address 1 CVS Drive

City

Woonsocket

State

RI

Zip Code

02895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958469

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Lawrence Parks**

Mailing Address 200 Highland Corporate Drive

City

Cumberland

State

RI

Zip Code

02865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958113

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

526.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Stivender Paul**

Mailing Address 300 Overbrook Road

City

Birmingham

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Facilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958207**

Amount of Each Receipt this Period

108.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Kathy Jo Payette**

Mailing Address 94 West St

City

East Greenwich

State

RI

Zip Code

02818-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS CAREMARK CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958149**

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Douglas W Phillips**

Mailing Address 20 Dunbarton Road

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP & Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958240**

Amount of Each Receipt this Period

400.00

\* Payroll Deduction: Monthly

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

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

708.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Shah Prem**

Mailing Address 715 Weedon Dr Ne

City

Saint Petersburg

State

RI

Zip Code

33702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP Specialty Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957502

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Anctil Jr. C Richard**

Mailing Address 9718 E. Celtic Dr

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Senior Manager, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958047

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Ford M Richard**

Mailing Address 9180 Los Lagos Circle S

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958363

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

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

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483.33

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

**A. Molchan D Richard**

Mailing Address 48 Margery Lane

City

Westwood

State

MA

Zip Code

02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Vice President, Visual Merch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957804

Amount of Each Receipt this Period

125.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Richard J Riva**

Mailing Address 2603 Aikin Circle North

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988808

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

**C. Marcello T Robert**

Mailing Address 12 Bayberry Ct

City

Lincoln

State

RI

Zip Code

02865-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957473

Amount of Each Receipt this Period

80.00

\* Payroll Deduction: Monthly

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

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

455.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Schmidt W Robert**

Mailing Address 1092 Bloomsbury Run

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958417

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Link E Ronald**

Mailing Address 90 Watch Hill

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958135

Amount of Each Receipt this Period

180.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Sol Ross**

Mailing Address 1508 Dade Lane

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Head, Federal Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988807

Amount of Each Receipt this Period

500.00

\* Payroll Deduction: Biweekly

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

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

763.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Camacho Rui Manuel**

Mailing Address 4682 Sierrawood Ln

City

Pleasanton

State

Zip Code

94588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

District Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958454

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Dossey R Russell**

Mailing Address 50 Park Row W Apt 804

City

Providence

State

RI

Zip Code

02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Visual Merchandising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957792

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Williams L Sabrina**

Mailing Address 2609 W Via Vista

City

Phoenix

State

AZ

Zip Code

85086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : C2988821

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Biweekly

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

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383.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Robert Sendewicz**

Mailing Address 1 CVS Drive

City

Woonsocket

State

RI

Zip Code

02895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr. Director, IT

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  
03 / 20 / 2015

**Transaction ID : C2988820**

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **B. Eaton R Shawn**

Mailing Address 638 Ivywood Dr

City

Tallmadge

State

OH

Zip Code

44278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958046**

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Edge R Shelly**

Mailing Address 528 Barber Loop

City

Mooresville

State

GA

Zip Code

28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958034**

Amount of Each Receipt this Period

83.33

\* Payroll Deduction: Monthly

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

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

266.66

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Peter D Simmons**

Mailing Address 5 Daffodil Ln

City

Medway

State

MA

Zip Code

02053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Product Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958267

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Jeffrey Sinko**

Mailing Address 1 CVS Drive

City

Woonsocket

State

RI

Zip Code

02895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958480

Amount of Each Receipt this Period

250.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Frumento M Stephen**

Mailing Address 30 N Gate Road

City

Mendham

State

NJ

Zip Code

07945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

03 / 12 / 2015

Transaction ID : C2957587

Amount of Each Receipt this Period

108.33

\* Payroll Deduction: Monthly

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

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

458.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Gold Stephen**

Mailing Address 15 Jonathan Smith Rd

City State Zip Code  
 Morristown RI 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

SVP & CIO, CVS CMK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C2958081**

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Rill T Stephen**

Mailing Address 1205 W Winchester Rd

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Area Sales TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C298844**

Amount of Each Receipt this Period

70.00

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)

## **C. Kunz A Steven**

Mailing Address 156 Prince Street, Apt 3d

City State Zip Code  
 New York NY 10012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Sales Executive Strategic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C298842**

Amount of Each Receipt this Period

70.00

\* Payroll Deduction: Biweekly

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

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

556.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Andrew J Sussman**

Mailing Address 7 Donnelly Dr

City  
Dover

State  
MA

Zip Code  
02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP ACO and Pres & COO MC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

03 / 12 / 2015

Transaction ID : C2958057

Amount of Each Receipt this Period

416.66

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Richard Swift**

Mailing Address 16 Meyersville Road  
P.O. Box 207

City

Green Village

State

NJ

Zip Code

07935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Board Member

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

03 / 26 / 2015

Transaction ID : C2966450

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Terry M Theresa**

Mailing Address 533 Bossardsville Rd

City

Stroudsburg

State

PA

Zip Code

18360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Pharmacy Supervisor, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 20 / 2015

Transaction ID : C2988838

Amount of Each Receipt this Period

76.92

\* Payroll Deduction: Biweekly

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

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

3493.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 46 OF 60

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Pawlik D Thomas**

Mailing Address 634 S. Dryden Place

City State Zip Code  
Arlington Heights RI 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958446

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Anna Umberto**

Mailing Address 39 High Meadow Ct

City State Zip Code  
Cranston RI 02921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Vice President, Strategic Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957633

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. David R Valois**

Mailing Address 160 Middle Rd

City State Zip Code  
East Greenwich RI 02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP, Talent Acquisition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957639

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 47 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Lum M Wayne**

Mailing Address 8200 Dear Run St

City State Zip Code  
Lenexa KS 66220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958419**

Amount of Each Receipt this Period

75.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Hanley H Wheeler**

Mailing Address 10706 Club Chase

City State Zip Code  
Fishers IN 46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP, Operations East Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : C2958139**

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Tony White**

Mailing Address 4726 Northside Drive

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Board Member

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : C2966462**

Amount of Each Receipt this Period

1000.00

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

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

1275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Carolyn A Wiesenhahn**

Mailing Address 165 Hinckley Road

City State Zip Code  
Milton MA 02186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP & Sr Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958294

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Shrank William**

Mailing Address 4801 Langdrum Lane

City State Zip Code  
Chevy Chase RI 02815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

CMO, Provider Innov & Analytic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2957509

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C. Kathleen Williams**

Mailing Address 200 Campus Drive

City State Zip Code  
Florham Park NJ 07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Health

Occupation

Head of Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : C2958123

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

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

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

450.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Clay O Wilson**

Mailing Address 1253 Lake Trace Cove

City State Zip Code  
 Birmingham AL 35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2957984**

Amount of Each Receipt this Period

120.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**B. Southwell Yvonne**

Mailing Address 6323 Valley View Lane

City State Zip Code  
 Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

VP Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : C2958193**

Amount of Each Receipt this Period

77.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

**C.**

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

197.00

41569.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 60

<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany, Jr. MD for Congress**

Mailing Address PO Box 80126

City Lafayette	State LA	Zip Code 70598
-------------------	-------------	-------------------

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Charles W. Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : D165013**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CPAT PAC**Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : D165570**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 Maryland Ave NE

City Washington	State DC	Zip Code 20002-5610
--------------------	-------------	------------------------

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165581**

Amount of Each Disbursement this Period

15000.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Mailing Address P O Box 6545

City	State	Zip Code
Visalia	CA	93290

**Transaction ID : D165574**Purpose of Disbursement  
Contributions to federal candidates

Amount of Each Disbursement this Period

Candidate Name

**Rep. Devin Nunes**Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 21

Full Name (Last, First, Middle Initial)

**B. DIANE BLACK FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066

**Transaction ID : D164999**Purpose of Disbursement  
Contributions to federal candidates

Amount of Each Disbursement this Period

Candidate Name

**Rep. Diane Black**Category/  
Type

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Full Name (Last, First, Middle Initial)

**C. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

**Transaction ID : D165579**Purpose of Disbursement  
Contributions to federal committees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JASON CHAFFETZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Mailing Address 315 WESTFIELD CIRCLE

City	State	Zip Code
ALPINE	UT	84004

**Transaction ID : D165017**Purpose of Disbursement  
Contributions to federal candidates

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jason Chaffetz**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 03

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Mailing Address PO BOX 775

City	State	Zip Code
Unionville	PA	19375

**Transaction ID : D165586**Purpose of Disbursement  
Contributions to federal candidates

Amount of Each Disbursement this Period

Candidate Name

**Rep. Joe Pitts**Category/  
Type

1500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Full Name (Last, First, Middle Initial)

**C. Friends of Sherrod Brown**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Mailing Address 426 C Street, NE

City	State	Zip Code
Washington	DC	20002

**Transaction ID : D165014**Purpose of Disbursement  
Contributions to federal candidates

Amount of Each Disbursement this Period

Candidate Name

**Sen. Sherrod Brown**Category/  
Type

3000.00
---------

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 13

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Impact**Mailing Address 509 Madison Ave.  
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165572**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kind for Congress**

Mailing Address 38 IVY STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Ron Kind**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165573**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Narragansett Bay PAC**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : D165016**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Cmte**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Category/  
Type**Transaction ID : D165577**

Amount of Each Disbursement this Period

15000.00
----------

Office Sought:	Disbursement For: 2015
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Mailing Address 607 14th St NW Ste 800

City	State	Zip Code
Washington	DC	20005-2005

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Category/  
Type**Transaction ID : D165588**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:	Disbursement For: 2015
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740-3176

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Frank Pallone Jr.**Category/  
Type**Transaction ID : D165589**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	Disbursement For: 2016
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: NJ	District: 06

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. PCMA Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Mailing Address 601 Pennsylvania Ave NW Ste 740

City	State	Zip Code
Washington	DC	20004-2601

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Category/  
Type**Transaction ID : D165002**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. JOHNSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Mailing Address PO BOX 14496

City	State	Zip Code
POLAND	OH	44514

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Bill Johnson**Category/  
Type**Transaction ID : D165012**

Amount of Each Disbursement this Period

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 06

Full Name (Last, First, Middle Initial)

**C. MULLIN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Mailing Address PO BOX 3681

City	State	Zip Code
MUSKOGEE	OK	74402

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Markwayne Mullin**Category/  
Type**Transaction ID : D165009**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OK District: 02

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. SCALISE FOR CONGRESS**

Mailing Address PO Box 23219

City  
JeffersonState  
LAZip Code  
70183Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Steve Scalise**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165578**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Mailing Address PO Box 59568

City  
SchaumburgState  
ILZip Code  
60159-0568Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Tammy Duckworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165575**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address PO BOX 1011

City  
WHEATONState  
ILZip Code  
60187Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : D165000**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

CVS Health PAC

MM / DD / YYYY

2000.00

1000.00

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Patrick J. Toomey**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165568**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Patrick J. Toomey**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : D165569**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Patty Murray**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : D165001**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 60

<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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. SHAHEEN FOR SENATE COMMITTEE**

Mailing Address 300 BEDFORD STREET

City MANCHESTER	State NH	Zip Code 03101
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Purpose of Disbursement  
Voided contribution-issued 9/22/2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NH	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : D164998**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON	State SC	Zip Code 29407
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Tim Scott**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: SC	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : D165576**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address P. O. Box 11586

City Washington	State DC	Zip Code 20008
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : D165571**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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104500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 60

<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 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)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Laird K Daniels**

Mailing Address 102 Constance Way

City	State	Zip Code
North Attleboro	MA	02760

Purpose of Disbursement  
Refund of contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : D165011**

Amount of Each Disbursement this Period

120.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00
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120.00
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