

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

Washington

DC

20004

☐ Check if different
than previously
reported. (ACC)

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

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
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y
01 31 2016

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

Type or Print Name of Treasurer Heather A Cutler

Signature of Treasurer

Heather A Cutler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 20 2016

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

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
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		168626.29
(b) Cash on Hand at Beginning of Reporting Period.....	168626.29	
(c) Total Receipts (from Line 19)	34844.05	34844.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	203470.34	203470.34
7. Total Disbursements (from Line 31)	-7150.00	-7150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	210620.34	210620.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10575.09

10575.09

(ii) Unitemized

24268.96

24268.96

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34844.05

34844.05

(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)

34844.05

34844.05

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))..... ▶

34844.05

34844.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

34844.05

34844.05

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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	-7150.00	-7150.00
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)) ..	-7150.00	-7150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-7150.00	-7150.00

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)	34844.05	34844.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34844.05	34844.05
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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 ▼

416.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : C3261436

Amount of Each Receipt this Period

416.66

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Tracy Bahl

Mailing Address 41 Birchwood Dr

City

Greenwich

State

CT

Zip Code

06831-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP Health Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : C3261470

Amount of Each Receipt this Period

333.33

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Scott E. Baker

Mailing Address 18 Miss Fry 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

EVP Internal Ops & Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : C3261076

Amount of Each Receipt this Period

333.33

* Payroll Deduction: Monthly

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

1083.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 21
(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Lisa G Bisaccia

Mailing Address 10 W Cushing St

City

Providence

State

MA

Zip Code

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : C3261249

Amount of Each Receipt this Period

416.66

* 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : C3261421

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

c. Nancy R Christal

Mailing Address 15 Rockinghorse Tr

City

Rye Brook

State

NY

Zip Code

10573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP, Investor Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : C3261085

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

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

916.66

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

☒ 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. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261411

Amount of Each Receipt this Period

208.50

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Carol A. De Nale

Mailing Address 75 Poplar Street

City

Watertown

State

MA

Zip Code

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 ▼

250.00

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261127

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. 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 ▼

208.33

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261275

Amount of Each Receipt this Period

208.33

* Payroll Deduction: Monthly

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

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

666.83

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. David Falkowski

Mailing Address 178 Margery Ln

City
WestwoodState
MAZip Code
02090FEC 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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : C3261420

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Jon Fliss

Mailing Address 10 Stable Way

City
MedwayState
MAZip Code
02053-6125FEC 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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : C3261468

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Joshua M Flum

Mailing Address 7 Summer Heights Drive

City
FranklinState
MAZip Code
02038FEC 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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : C3261104

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

☒ 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. Helena B Foulkes

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 ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261081

Amount of Each Receipt this Period

416.66

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Joseph Frendo

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

CVS Health

Occupation

SVP Mail & Customer Care Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261464

Amount of Each Receipt this Period

416.67

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Stephen Gold

Mailing Address 15 Jonathan Smith Rd

City

Morristown

State

RI

Zip Code

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 ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261424

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)..... ►

1249.99

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 21

(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. Roberts C Jonathan

Mailing Address 455 Hunter Crossing

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

President, CVS CMK Pharm Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261091

Amount of Each Receipt this Period

416.66

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. David D Joyner

Mailing Address 1559 N Sunshine Ln

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

EVP Sales & Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261192

Amount of Each Receipt this Period

416.66

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261223

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

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

1083.32

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

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

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

FOR LINE NUMBER: PAGE 12 OF 21

(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. 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 ▼

216.67

Date of Receipt

M M / D D / Y Y Y Y Y
 01 12 2016

Transaction ID : C3261129

Amount of Each Receipt this Period

216.67

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Jeffrey R Knudson

Mailing Address 65 Laurel Wood 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

Vice President Finance and Retail Cont

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y
 01 12 2016

Transaction ID : C3261473

Amount of Each Receipt this Period

208.33

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Mary Langowski

Mailing Address 523 12th Street, NE

City State Zip Code
 Washington DC 20002

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y
 01 12 2016

Transaction ID : C3261502

Amount of Each Receipt this Period

333.33

* Payroll Deduction: Monthly

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

758.33

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

☒ 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. Melissa Mann

Mailing Address 1834 Fonthill

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP. Government & Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261506

Amount of Each Receipt this Period

416.66

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. 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 & Ntwk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261083

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. 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 ▼

250.00

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261445

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)..... ►

916.66

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

PAGE 14 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Larry J Merlo

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	6		

Transaction ID : C3261078

Amount of Each Receipt this Period

416.66

* 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	6		

Transaction ID : C3261425

Amount of Each Receipt this Period

416.66

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Kevin L Murphy Jr.

Mailing Address 20 Narragansett Ave #503

City

Narragansett

State

RI

Zip Code

02882

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

VP Infusion

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	6		

Transaction ID : C3261427

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

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

1083.32

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

☒ 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. 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 ▼

250.00

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261490

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. 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 ▼

400.00

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261253

Amount of Each Receipt this Period

400.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Natalie A Pons

Mailing Address 12970 East Cibola Road

City

Scottsdale

State

AZ

Zip Code

85259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

SVP Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 12 / 2016

Transaction ID : C3261176

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)..... ►

900.00

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

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

FOR LINE NUMBER: PAGE 16 OF 21
(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. Shah Prem

Mailing Address 715 Weedon Dr Ne

City State Zip Code
 Saint Petersburg RI 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 12 2016

Transaction ID : C3261438

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B. Jeffrey Sinko

Mailing Address 1 CVS Drive

City State Zip Code
 Woonsocket RI 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 12 2016

Transaction ID : C3261498

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

C. Andrew J Sussman

Mailing Address 7 Donnelly Dr

City State Zip Code
 Dover MA 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 ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 12 2016

Transaction ID : C3261410

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)..... ►

916.66

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

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

FOR LINE NUMBER: PAGE 17 OF 21

(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. Calvin Wasdyke

Mailing Address 1 CVS Drive

City State Zip Code
Woonsocket RI 02895

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP, Pharmacy & Clinical Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : C3261505

Amount of Each Receipt this Period

250.00

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

B.

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

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)..... ►

250.00

10575.09

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

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jeff Coudy

Mailing Address 317 East 1st Street

City	State	Zip Code
Grandfield	OK	73546

Purpose of Disbursement
Void-check never cashed

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
01		11		2016

Transaction ID : D170396

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jon Echols

Mailing Address 7701 SW 104th Street

City	State	Zip Code
Oklahoma City	OK	73169

Purpose of Disbursement
Void-check never cashed

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
01		11		2016

Transaction ID : D170386

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

C. Friends of Kay Floyd

Mailing Address PO Box 12396

City	State	Zip Code
Oklahoma City	OK	73157-2396

Purpose of Disbursement
Void-check never cashed

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
01		11		2016

Transaction ID : D170395

Amount of Each Disbursement this Period

-500.00

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

-1500.00

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

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Justin Wood 2014

Mailing Address PO Box 575

City	State	Zip Code
Shawnee	OK	74801

Purpose of Disbursement
Void-check never cashed

Candidate Name

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

State: District:

Disbursement For: 2016
<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
01	/	11	/	2016

Transaction ID : D170397

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. Kim David for State Senate

Mailing Address PO Box 371

City	State	Zip Code
Wagoner	OK	74477

Purpose of Disbursement
Void-check never cashed

Candidate Name

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

State: District:

Disbursement For: 2016
<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
01	/	11	/	2016

Transaction ID : D170402

Amount of Each Disbursement this Period

-750.00

Full Name (Last, First, Middle Initial)

C. Kyle Loveless for Senate

Mailing Address 4400 S.W. 21st Street

City	State	Zip Code
Oklahoma City	OK	73108

Purpose of Disbursement
Void-check never cashed

Candidate Name

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

State: District:

Disbursement For: 2016
<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
01	/	11	/	2016

Transaction ID : D170403

Amount of Each Disbursement this Period

-750.00

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

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

-2000.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

CVS Health PAC

-2000.00

State: TX District:

Category/
Type

State: District:

Category/
Type

State: District:

-2000.00

-7150.00