

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. CVS Health PAC

ADDRESS (number and street) 1275 Pennsylvania Avenue, NW Suite 700 Washington DC 20004

2. FEC IDENTIFICATION NUMBER C00384818 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) Dec 20 (M12) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 05/01/2016 through 05/31/2016

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 Billy Raines

Signature of Treasurer Billy Raines [Electronically Filed] Date 06/20/2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CVS Health PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="168626.29"/>	<input type="text" value="168626.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37455.23"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33166.05"/>	<input type="text" value="301395.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="407721.28"/>	<input type="text" value="470021.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19966.67"/>	<input type="text" value="82266.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="387754.61"/>	<input type="text" value="387754.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CVS Health PAC

Report Covering the Period: From: / / To: / /

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).....	27881.80	124592.81
(ii) Unitemized	5284.25	64098.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33166.05	188691.21
(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)	33166.05	188691.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	112703.82
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))..... ▶	33166.05	301395.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33166.05	301395.03

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	250.00	250.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	250.00	250.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	87000.00
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	216.67	216.71
(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)).....	216.67	216.71
29. Other Disbursements	0.00	-5200.00
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)) ..	19966.67	82266.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19966.67	82266.71

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)	33166.05	188691.21
34. Total Contribution Refunds (from Line 28(d))	216.67	216.71
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32949.38	188474.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	250.00	250.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	250.00	250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 107
	<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

A. Lora Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP,Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 05 / 13 / 2016
Transaction ID : 20160608162247-295
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Lora Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP,Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 05 / 27 / 2016
Transaction ID : 20160608162247-872
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Kristina Arnoux
 Full Name (Last, First, Middle Initial)
 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 Sr Advisor,Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 05 / 27 / 2016
Transaction ID : 20160608162247-873
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Raymond Auger
 Full Name (Last, First, Middle Initial)
 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 SVP,IT Retail Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-6
 Amount of Each Receipt this Period **41.67**
 Memo Item

B. Michael Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP,State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-7
 Amount of Each Receipt this Period **45.00**
 Memo Item

C. Tracy Bahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 695 George Washington Hwy
 City Lincoln State RI Zip Code 02865-4257
 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 **1666.65**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-257
 Amount of Each Receipt this Period **333.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Cheryl Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Specialty Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : 20160608162247-297

Amount of Each Receipt this Period
69.23

Memo Item

B. Cheryl Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Specialty Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-874

Amount of Each Receipt this Period
69.23

Memo Item

C. Neal Baker
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation Chief Privacy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-258

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **188.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Scott Baker
Full Name (Last, First, Middle Initial)

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 EVP, Head of Retail Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.65

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-9

Amount of Each Receipt this Period
333.33

Memo Item

B. William Baker
Full Name (Last, First, Middle Initial)

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 Pharmacy Supv,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-10

Amount of Each Receipt this Period
41.67

Memo Item

C. John Barron
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Highland Corporate Dr

City Cumberland State RI Zip Code 02864-1799

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

Name of Employer CVS Health Occupation VP, Digital Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-14

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.50

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Katherine Bell
 Full Name (Last, First, Middle Initial)
 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 Sr Advisor, Government Affairs
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 13 / 2016
Transaction ID : 20160608162247-298
 Amount of Each Receipt this Period
 28.84
 Memo Item

B. Katherine Bell
 Full Name (Last, First, Middle Initial)
 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 Sr Advisor, Government Affairs
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 27 / 2016
Transaction ID : 20160608162247-875
 Amount of Each Receipt this Period
 28.84
 Memo Item

C. Francis Berkowitz
 Full Name (Last, First, Middle Initial)
 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 District Manager, Fld Mgmt
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 12 / 2016
Transaction ID : 20160608162247-19
 Amount of Each Receipt this Period
 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **99.34**
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 11 OF 107
(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. Dimitri Betses

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 SVP, Government Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-259

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lisa Bisaccia

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 EVP, CVS Health & CHRO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-21

Amount of Each Receipt this Period
416.66

Memo Item

Full Name (Last, First, Middle Initial)
C. Scott Bond

Mailing Address 750 W John Carpenter Fwy Ste 1200

City Irving State TX Zip Code 75039-2507

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

Name of Employer CVS Health Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 13 / 2016
Transaction ID : 20160608162247-300

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 641.66

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 12 OF 107
	<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. Scott Bond		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-877
Mailing Address 750 W John Carpenter Fwy Ste 1200		Amount of Each Receipt this Period 25.00
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee.	C	
Name of Employer CVS Health	Occupation VP Sales	Memo Item <input type="checkbox"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Eileen Boone		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-23
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 100.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee.	C	
Name of Employer CVS Health	Occupation SVP,Corp Social Resp and Phil	Memo Item <input type="checkbox"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Eva Boratto		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-24
Mailing Address 200 Highland Corporate Dr		Amount of Each Receipt this Period 250.00
City Cumberland	State RI	Zip Code 02864-1786
FEC ID number of contributing federal political committee.	C	
Name of Employer CVS Health	Occupation SVP Finance & Control CVS Heal	Memo Item <input type="checkbox"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 107
(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. Diane Bourque

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health Sr Director,IT Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-26

Amount of Each Receipt this Period
62.50

Memo Item

Full Name (Last, First, Middle Initial)
B. Robert Brauer

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health Region Manager,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-27

Amount of Each Receipt this Period
41.66

Memo Item

Full Name (Last, First, Middle Initial)
C. Karen Brown

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health VP, Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-30

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 304.16

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

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

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

FOR LINE NUMBER: PAGE 14 OF 107
(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. Michael Buckless
 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 Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-32
 Amount of Each Receipt this Period 100.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. John Buckley
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation SVP Pharm & Clinical Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-262
 Amount of Each Receipt this Period 150.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Frederick Burns
 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 Director, Materials Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-304
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Frederick Burns
 Full Name (Last, First, Middle Initial)
 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 Director, Materials Management
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 27 / 2016
Transaction ID : 20160608162247-881
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. Cheryl Byron
 Full Name (Last, First, Middle Initial)
 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 Director, Strategic Accounts
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 27 / 2016
Transaction ID : 20160608162247-882
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. David Casey
 Full Name (Last, First, Middle Initial)
 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, Diversity
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 12 / 2016
Transaction ID : 20160608162247-33
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 107
(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. Henry Casillas

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 AVP

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
05 / 12 / 2016

Transaction ID : 20160608162247-34

Amount of Each Receipt this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gregory Cassin

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 Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-36

Amount of Each Receipt this Period
83.33

Memo Item

Full Name (Last, First, Middle Initial)
C. Carolyn Castel

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, Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-37

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **433.33**

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 17 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Nancy Christal
Full Name (Last, First, Middle Initial)

Mailing Address 670 Post Rd
Ste 210

City Scarsdale State NY Zip Code 10583-5024

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

Name of Employer CVS Health Occupation SVP, Investor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-41

Amount of Each Receipt this Period
250.00

Memo Item

B. Keith Christensen
Full Name (Last, First, Middle Initial)

Mailing Address 695 George Washington Hwy

City Lincoln State RI Zip Code 02865-4257

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

Name of Employer CVS Health Occupation VP, Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-42

Amount of Each Receipt this Period
62.50

Memo Item

C. Antonios Clapsis
Full Name (Last, First, Middle Initial)

Mailing Address 1275 Pennsylvania Ave NW
Ste 700

City Washington State DC Zip Code 20004-2448

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

Name of Employer CVS Health Occupation VP,Business Development BP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-263

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.50

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 107
	<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

A. Stephen Cohan
 Full Name (Last, First, Middle Initial)
 Mailing Address 695 George Washington Hwy
 City Lincoln State RI Zip Code 02865-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1042.50

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-47
 Amount of Each Receipt this Period 208.50
 Memo Item

B. Darrell Cole, II
 Full Name (Last, First, Middle Initial)
 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 Pharmacy Supv,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-48
 Amount of Each Receipt this Period 5.00
 Memo Item

C. James Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 Enterprise Pkwy
 City Twinsburg State OH Zip Code 44087-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation District Manager,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-49
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Bryan Cook
Full Name (Last, First, Middle Initial)
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 Exec Advisor,Real Estate
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-53
Amount of Each Receipt this Period **41.67**
 Memo Item

B. Brian Correia
Full Name (Last, First, Middle Initial)
Mailing Address 10931 E Bella Vista Dr
City Scottsdale State AZ Zip Code 85259-5797
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Network
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 10D5867DC3BC428B99FA
Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Christopher Cox
Full Name (Last, First, Middle Initial)
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 Store Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **833.30**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-55
Amount of Each Receipt this Period **166.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1208.33**
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 20 OF 107
	<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

A. Christopher Crisafulli
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Director,MC Rpg & A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.45**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-56
 Amount of Each Receipt this Period **62.49**
 Memo Item

B. John Culbreth
 Full Name (Last, First, Middle Initial)
 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 Region Manager,Fld Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-57
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Amita Dasmahapatra
 Full Name (Last, First, Middle Initial)
 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 Sr Director,Medical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **317.35**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-308
 Amount of Each Receipt this Period **28.85**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **133.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 107
	<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. Amita Dasmahapatra

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 Sr Director, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.35**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-885

Amount of Each Receipt this Period
28.85

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas Davis

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, Pharmacy Professional Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-58

Amount of Each Receipt this Period
41.66

Memo Item

Full Name (Last, First, Middle Initial)
C. Carol De Nale

Mailing Address 200 Highland Corporate Dr

City Cumberland State RI Zip Code 02864-1786

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

Name of Employer CVS Health Occupation SVP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-59

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.51
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 22 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Tanya DeMattia
 Full Name (Last, First, Middle Initial)
 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 District Manager,Lic Fld Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-61
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Patrick Dennis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Great Valley Blvd
 City Wilkes Barre State PA Zip Code 18706-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Sr Director,PBM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-309
 Amount of Each Receipt this Period 28.85
 Memo Item

C. Patrick Dennis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Great Valley Blvd
 City Wilkes Barre State PA Zip Code 18706-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Sr Director,PBM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-886
 Amount of Each Receipt this Period 28.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	99.36
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 23 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Denton		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-62
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 208.33
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation EVP & CFO, CVS Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	

Full Name (Last, First, Middle Initial) B. Edward Devaney		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 20160608162247-310
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 28.85
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP,Aetna SBU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.35	

Full Name (Last, First, Middle Initial) C. Edward Devaney		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-887
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 28.85
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP,Aetna SBU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.35	

SUBTOTAL of Receipts This Page (optional).....▶	266.03
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 24 OF 107
	<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

A. Heidi Devlin
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Park East Dr

City Woonsocket State RI Zip Code 02895-6181

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

Name of Employer CVS Health Occupation VP, Advertising

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-63

Amount of Each Receipt this Period
 100.00

Memo Item

B. Amanda Dixon
Full Name (Last, First, Middle Initial)

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 Pharmacy Supv,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-66

Amount of Each Receipt this Period
 41.67

Memo Item

C. James Dixon
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-311

Amount of Each Receipt this Period
 80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	221.67
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 25 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. James Dixon
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sanders Rd
City Northbrook State IL Zip Code 60062-6150
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Finance
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **880.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-888
Amount of Each Receipt this Period **80.00**
 Memo Item

B. Meredith Dixon
Full Name (Last, First, Middle Initial)
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 Assoc Chief Nurse,MC
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-67
Amount of Each Receipt this Period **41.66**
 Memo Item

c. Albert Dowling
Full Name (Last, First, Middle Initial)
Mailing Address 1920 Enterprise Pkwy
City Twinsburg State OH Zip Code 44087-2208
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation Pharmacy Supv,Fld Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-69
Amount of Each Receipt this Period **41.67**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **163.33**
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 26 OF 107
	<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

A. Michele Driscoll
Full Name (Last, First, Middle Initial)

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, Retail Pricing

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
 05 / 12 / 2016
Transaction ID : 20160608162247-70

Amount of Each Receipt this Period
 50.00

Memo Item

B. Diane Dwyer
Full Name (Last, First, Middle Initial)

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 Pharmacy Supv,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-72

Amount of Each Receipt this Period
 41.67

Memo Item

C. Shawn Eaton
Full Name (Last, First, Middle Initial)

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 Region Manager,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-73

Amount of Each Receipt this Period
 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Shelly Edge
Full Name (Last, First, Middle Initial)

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 Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-74

Amount of Each Receipt this Period
 83.33

Memo Item

B. Patricia Engstrom
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City Scottsdale State AZ Zip Code 85260-6719

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

Name of Employer CVS Health Occupation Sr Advisor, Project Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-891

Amount of Each Receipt this Period
 19.23

Memo Item

C. David Falkowski
Full Name (Last, First, Middle Initial)

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 SVP & Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-76

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	352.56
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 28 OF 107
	<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

A. Joseph Farrar
Full Name (Last, First, Middle Initial)

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 Director,Talent Acquisition

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-78

Amount of Each Receipt this Period
 41.66

Memo Item

B. Neva Farrell
Full Name (Last, First, Middle Initial)

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 Sr Advisor,Rx Prod Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-79

Amount of Each Receipt this Period
 41.67

Memo Item

C. Arvid Faudskar, II
Full Name (Last, First, Middle Initial)

Mailing Address 4121 E Cotton Center Blvd

City Phoenix State AZ Zip Code 85040-8849

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

Name of Employer CVS Health Occupation VP Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-315

Amount of Each Receipt this Period
 38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	121.79
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 29 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Arvid Faudskar, II
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 E Cotton Center Blvd
 City Phoenix State AZ Zip Code 85040-8849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Clinical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-892
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Lucia Feczko
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Director RPh,Special Pharm Pgm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-316
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Lucia Feczko
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Director RPh,Special Pharm Pgm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-893
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.46
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 30 OF 107
	<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. Tracy Fields

Mailing Address 6935 Alamo Downs Pkwy

City San Antonio	State TX	Zip Code 78238-4519
---------------------	-------------	------------------------

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

Name of Employer CVS Health	Occupation Director,Strategic Accounts IC
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-317

Amount of Each Receipt this Period
 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tracy Fields

Mailing Address 6935 Alamo Downs Pkwy

City San Antonio	State TX	Zip Code 78238-4519
---------------------	-------------	------------------------

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

Name of Employer CVS Health	Occupation Director,Strategic Accounts IC
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-894

Amount of Each Receipt this Period
 25.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Brian Files

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 Exec Advisor>Returns Inventory
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-81

Amount of Each Receipt this Period
 28.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.84
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 31 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Ronald Finch
Full Name (Last, First, Middle Initial)
Mailing Address 11162 Renner Blvd
City Lenexa State KS Zip Code 66219-9621
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation GM Specialty Pharmacy Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **317.24**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-318
Amount of Each Receipt this Period **28.84**
 Memo Item

B. Ronald Finch
Full Name (Last, First, Middle Initial)
Mailing Address 11162 Renner Blvd
City Lenexa State KS Zip Code 66219-9621
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation GM Specialty Pharmacy Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **317.24**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-895
Amount of Each Receipt this Period **28.84**
 Memo Item

C. Christine Fitzgerald
Full Name (Last, First, Middle Initial)
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 Sr Director,HR Bus Partner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **312.50**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-83
Amount of Each Receipt this Period **62.50**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **120.18**
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 32 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Jon Fliss
Full Name (Last, First, Middle Initial)

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 SVP, Comp & Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-84

Amount of Each Receipt this Period
 250.00

Memo Item

B. Joshua Flum
Full Name (Last, First, Middle Initial)

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 EVP, Pharmacy Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-85

Amount of Each Receipt this Period
 250.00

Memo Item

C. Helena Foulkes
Full Name (Last, First, Middle Initial)

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 President, CVS Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-86

Amount of Each Receipt this Period
 416.66

Memo Item

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 33 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. Kathryn Fowler		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 20160608162247-460
Mailing Address 3888 Highway 90		Amount of Each Receipt this Period 50.00
City Pace	State FL	Zip Code 32571-1014
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Pharmacy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Kathryn Fowler		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-728
Mailing Address 3888 Highway 90		Amount of Each Receipt this Period 50.00
City Pace	State FL	Zip Code 32571-1014
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Pharmacy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Roger Francis		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-87
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Joseph Frendo
Full Name (Last, First, Middle Initial)

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

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

Name of Employer CVS Health Occupation SVP,PBM Strategic Ops & Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.35

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-266

Amount of Each Receipt this Period
416.67

Memo Item

B. Stephen Frumento
Full Name (Last, First, Middle Initial)

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 Region Manager,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.65

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-89

Amount of Each Receipt this Period
108.33

Memo Item

C. Joseph Gallo
Full Name (Last, First, Middle Initial)

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 Sales Specialty PBM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt
05 / 13 / 2016
Transaction ID : 20160608162247-320

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 545.83

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 35 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Joseph Gallo
 Full Name (Last, First, Middle Initial)
 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 Sales Specialty PBM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **229.13**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-897
 Amount of Each Receipt this Period **20.83**
 Memo Item

B. Christy Garmon
 Full Name (Last, First, Middle Initial)
 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 Pharmacy Supv,Fld Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-91
 Amount of Each Receipt this Period **41.67**
 Memo Item

C. Thomas Gibbons
 Full Name (Last, First, Middle Initial)
 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 SVP Third Party Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.65**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-93
 Amount of Each Receipt this Period **43.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.83
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 36 OF 107
(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. Jack Gierat

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health Director,Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-901

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gregory Gierwielanec

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health VP FP&A Mail

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-902

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas Godfrey

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health Director,Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-903

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. Randall Goins		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-94
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation District Manager,Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) B. Stephen Gold		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-95
Mailing Address 200 Campus Dr Ste 310		Amount of Each Receipt this Period 416.66
City Florham Park	State NJ	Zip Code 07932-1007
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation EVP, CVS Health & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	

Full Name (Last, First, Middle Initial) C. Charles Golden, Jr.		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-96
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 100.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation SVP Construction & Prop Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	558.32
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 38 OF 107
	<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. William Grambley		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-267
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 62.50
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation VP Managed Medicaid	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

Full Name (Last, First, Middle Initial) B. James Greer		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-97
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 41.67
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Director,FLD Loss Prevention	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Katheryn Grosvenor		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-907
Mailing Address 9501 E Shea Blvd		Amount of Each Receipt this Period 19.23
City Scottsdale	State AZ	Zip Code 85260-6719
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation VP Sales Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional).....▶	123.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Tracy Grunfeld
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-268
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Colvin Guinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Network
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-331
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Colvin Guinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Network
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-908
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	315.38
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 40 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Joseph Haas, Jr.
Full Name (Last, First, Middle Initial)

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 Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-98

Amount of Each Receipt this Period
83.33

Memo Item

B. Jeffrey Hammond
Full Name (Last, First, Middle Initial)

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 Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-100

Amount of Each Receipt this Period
41.66

Memo Item

C. Terry Harris
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation Senior Director, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : 20160608162247-611

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **164.99**

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 41 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Terry Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E 4th St
 900 Omnicare Center
 City Cincinnati State OH Zip Code 45202-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Omnicare, Inc. Occupation Senior Director, Operations
 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
 05 / 20 / 2016
Transaction ID : 20160608162247-651
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Diane Hassell-Latham
 Full Name (Last, First, Middle Initial)
 Mailing Address 283 SW Baya Dr
 City Lake City State FL Zip Code 32025-5227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Pharmacy Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-752
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Randall Hatfield
 Full Name (Last, First, Middle Initial)
 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 Sr Advisor,HR Bus Partner Fld
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-103
 Amount of Each Receipt this Period
 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	101.66
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 42 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Stephen Haught
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City State Zip Code
 Scottsdale AZ 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Health VP Account Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-333
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Stephen Haught
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City State Zip Code
 Scottsdale AZ 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Health VP Account Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-910
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Stephen Heidenthal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Cvs Dr
 City State Zip Code
 Woonsocket RI 02895-6146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Health VP Pharmacy Merchandising
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-105
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)
A. Courtney Herring

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 Sr Advisor, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : 20160608162247-334

Amount of Each Receipt this Period
28.84

Memo Item

Full Name (Last, First, Middle Initial)
B. Courtney Herring

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 Sr Advisor, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-911

Amount of Each Receipt this Period
28.84

Memo Item

Full Name (Last, First, Middle Initial)
C. Peter Horn

Mailing Address 750 W John Carpenter Fwy Ste 1200

City Irving State TX Zip Code 75039-2507

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

Name of Employer CVS Health Occupation Sr Advisor, Implementations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-915

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **77.68**

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 44 OF 107
	<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. Allen Horne		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 20160608162247-339
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP,Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 703.84	

Full Name (Last, First, Middle Initial) B. Allen Horne		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 20160608162247-340
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 19.23
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP,Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 703.84	

Full Name (Last, First, Middle Initial) C. Allen Horne		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-916
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP,Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 703.84	

SUBTOTAL of Receipts This Page (optional).....▶	119.23
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 45 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Allen Horne
Full Name (Last, First, Middle Initial)

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, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **703.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-917

Amount of Each Receipt this Period
19.23

Memo Item

B. John Hoyceanyls
Full Name (Last, First, Middle Initial)

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 Construction & Prop Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-108

Amount of Each Receipt this Period
83.33

Memo Item

C. Min Hu
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Enterprise Innovation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-919

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **121.79**

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 46 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Syed Husain

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,Real Estate Corp Acq

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-114

Amount of Each Receipt this Period
83.33

Memo Item

Full Name (Last, First, Middle Initial)
B. Ronda Jamesmeyer

Mailing Address 750 W John Carpenter Fwy Ste 1200

City Irving State TX Zip Code 75039-2507

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

Name of Employer CVS Health Occupation Director,Eligibility Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-924

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Candace Jodice

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,HR Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-118

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.83
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 47 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Brenna Jordan
 Full Name (Last, First, Middle Initial)
 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 & Sr Legal 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
 05 / 12 / 2016
Transaction ID : 20160608162247-119
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. John Joyner
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 W John Carpenter Fwy Ste 1200
 City Irving State TX Zip Code 75039-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation EVP Sales & Account Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2083.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-271
 Amount of Each Receipt this Period
 416.66
 Memo Item

C. William Jusko
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Cvs Dr
 City Ennis State TX Zip Code 75119-7810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Logistics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-120
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	608.33
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 48 OF 107
	<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

A. Seth Kamen
Full Name (Last, First, Middle Initial)

Mailing Address 475 Park East Dr

City Woonsocket State RI Zip Code 02895-6150

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

Name of Employer CVS Health Occupation VP Customer Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-121

Amount of Each Receipt this Period
125.00

Memo Item

B. Michael King
Full Name (Last, First, Middle Initial)

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 District Manager,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-123

Amount of Each Receipt this Period
125.00

Memo Item

C. Adriane Kingman
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City Scottsdale State AZ Zip Code 85260-6719

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

Name of Employer CVS Health Occupation Exec Advisor,Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-930

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **269.23**

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 49 OF 107
	<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

A. Daniel Kline
Full Name (Last, First, Middle Initial)

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 Director, Pharmacy Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-931

Amount of Each Receipt this Period
 20.00

Memo Item

B. Jeffrey Knudson
Full Name (Last, First, Middle Initial)

Mailing Address 200 Highland Corporate Dr

City Cumberland State RI Zip Code 02864-1786

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

Name of Employer CVS Health Occupation SVP, Finance Retail

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-124

Amount of Each Receipt this Period
 208.33

Memo Item

C. Jeffrey Koelsch
Full Name (Last, First, Middle Initial)

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 Account Management FEP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-355

Amount of Each Receipt this Period
 28.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	257.18
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 50 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. Jeffrey Koelsch		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-932
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 28.85
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP Account Management FEP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.35	

Full Name (Last, First, Middle Initial) B. Emmanuel Kolady		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-126
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation Region Manager, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Steven Kunz		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 20160608162247-356
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 35.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation Director, Strategic Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional).....▶	113.85
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 51 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Steven Kunz
 Full Name (Last, First, Middle Initial)
 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 Director, Strategic Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-933
 Amount of Each Receipt this Period **35.00**
 Memo Item

B. Mary Langowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation EVP, Strategy, BusDev, and M&A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1666.65**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-272
 Amount of Each Receipt this Period **333.33**
 Memo Item

C. John LaVin
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation SVP Network Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-273
 Amount of Each Receipt this Period **125.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	493.33
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 52 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Donna Lecky
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
05 / 06 / 2016
Transaction ID : 20160608162247-617

Amount of Each Receipt this Period
40.00

Memo Item

B. Donna Lecky
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
05 / 20 / 2016
Transaction ID : 20160608162247-657

Amount of Each Receipt this Period
40.00

Memo Item

C. Donald Leonard
Full Name (Last, First, Middle Initial)

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 District Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-129

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	121.67
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 53 OF 107
	<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. Matthew Leonard

Mailing Address 695 George Washington Hwy

City Lincoln	State RI	Zip Code 02865-4257
-----------------	-------------	------------------------

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

Name of Employer CVS Health	Occupation EVP,Pharma,Ret<C Cont Rx Pur
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-130

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tammy Lewis

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, PBM Marketing
--------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-274

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jason Lindas

Mailing Address 7910 Shaffer Pkwy

City Littleton	State CO	Zip Code 80127-3753
-------------------	-------------	------------------------

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

Name of Employer CVS Health	Occupation Sr Director,Enteral Operations
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-934

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Ronald Link
 Full Name (Last, First, Middle Initial)
 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 SVP Logistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-133
 Amount of Each Receipt this Period
 180.00
 Memo Item

B. Gary Loeber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 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 ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-275
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Jason Lohmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Exec Advisor, Specialty Strateg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-936
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 107
	<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. Alan Lotvin

Mailing Address 695 George Washington Hwy

City Lincoln	State RI	Zip Code 02865-4257
-----------------	-------------	------------------------

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

Name of Employer CVS Health	Occupation EVP Specialty
--------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-276

Amount of Each Receipt this Period
 416.66

Memo Item

Full Name (Last, First, Middle Initial)
B. Wayne Lum

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
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FEC ID number of contributing federal political committee. **C**

Name of Employer CVS Health	Occupation Region Manager, Fld Mgmt
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-136

Amount of Each Receipt this Period
 75.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Andre Mackey

Mailing Address 1520 Avenue PI
Ste B-100

City Atlanta	State GA	Zip Code 30329-4015
-----------------	-------------	------------------------

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

Name of Employer CVS Health	Occupation Staff Pharmacist FT
--------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-785

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	511.66
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 56 OF 107
	<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

A. Bruce MacRae
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt
 05 / 13 / 2016
Transaction ID : 20160608162247-361
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Bruce MacRae
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt
 05 / 27 / 2016
Transaction ID : 20160608162247-937
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Melissa Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation SVP Govnmt Relations CVS Healt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt
 05 / 12 / 2016
Transaction ID : 20160608162247-277
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	526.66
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 57 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. Stephen Manning		Date of Receipt MM / DD / YYYY 05 / 13 / 2016 Transaction ID : 20160608162247-362
Mailing Address 200 Campus Dr Ste 310		Amount of Each Receipt this Period 38.46
City Florham Park	State NJ	Zip Code 07932-1007
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Group Head, Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

Full Name (Last, First, Middle Initial) B. Stephen Manning		Date of Receipt MM / DD / YYYY 05 / 27 / 2016 Transaction ID : 20160608162247-938
Mailing Address 200 Campus Dr Ste 310		Amount of Each Receipt this Period 38.46
City Florham Park	State NJ	Zip Code 07932-1007
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Group Head, Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

Full Name (Last, First, Middle Initial) C. Robert Marcello		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-139
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 80.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation SVP Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	156.92
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 58 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. James Margiotta

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

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

Name of Employer CVS Health Occupation SVP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
834.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-278

Amount of Each Receipt this Period
 166.83

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas Maryanski

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 Customer Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-939

Amount of Each Receipt this Period
 19.23

Memo Item

Full Name (Last, First, Middle Initial)
c. Olga Matlin

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation Sr Director,Analytics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
317.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-364

Amount of Each Receipt this Period
 28.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	214.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Olga Matlin
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation Sr Director, Analytics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-940

Amount of Each Receipt this Period
28.84

Memo Item

B. Kimberly McDonnell
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City Scottsdale State AZ Zip Code 85260-6719

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

Name of Employer CVS Health Occupation VP, Medicare Health Plan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-279

Amount of Each Receipt this Period
82.00

Memo Item

C. Scott McElfresh
Full Name (Last, First, Middle Initial)

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 Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-143

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.84**

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 60 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Michael McEnany
Full Name (Last, First, Middle Initial)

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 VPMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-144

Amount of Each Receipt this Period
 100.00

Memo Item

B. Michael McGuire
Full Name (Last, First, Middle Initial)

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,Investor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-145

Amount of Each Receipt this Period
 200.00

Memo Item

C. Colleen McIntosh
Full Name (Last, First, Middle Initial)

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 SVP,Legal Corporate Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-146

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Cristina Medina
Full Name (Last, First, Middle Initial)
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 Sr Advisor,Prof&College Relate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-148
Amount of Each Receipt this Period **41.66**
 Memo Item

B. Larry Merlo
Full Name (Last, First, Middle Initial)
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 President & CEO,CVS Health
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2083.30**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-149
Amount of Each Receipt this Period **416.66**
 Memo Item

C. Mary Meyer
Full Name (Last, First, Middle Initial)
Mailing Address 29100 Aurora Rd
City Solon State OH Zip Code 44139-1855
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP,Marketing Med D
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **634.59**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-366
Amount of Each Receipt this Period **57.69**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **516.01**
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 62 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Mary Meyer
Full Name (Last, First, Middle Initial)
Mailing Address 29100 Aurora Rd
City Solon State OH Zip Code 44139-1855
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP,Marketing Med D
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **634.59**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-942
Amount of Each Receipt this Period **57.69**
 Memo Item

B. Giovanni Minardi
Full Name (Last, First, Middle Initial)
Mailing Address 200 Campus Dr Ste 310
City Florham Park State NJ Zip Code 07932-1007
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation Sr Director,IT Systems
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **317.35**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-367
Amount of Each Receipt this Period **28.85**
 Memo Item

C. Giovanni Minardi
Full Name (Last, First, Middle Initial)
Mailing Address 200 Campus Dr Ste 310
City Florham Park State NJ Zip Code 07932-1007
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation Sr Director,IT Systems
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **317.35**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-943
Amount of Each Receipt this Period **28.85**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **115.39**
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 63 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Thomas Moffatt
Full Name (Last, First, Middle Initial)

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 & Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-153

Amount of Each Receipt this Period
 100.00

Memo Item

B. Richard Molchan
Full Name (Last, First, Middle Initial)

Mailing Address 475 Park East Dr

City Woonsocket State RI Zip Code 02895-6150

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

Name of Employer CVS Health Occupation Vice President, Visual Merch

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-154

Amount of Each Receipt this Period
 125.00

Memo Item

C. Nicholas Monaco
Full Name (Last, First, Middle Initial)

Mailing Address 200 Campus Dr Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer CVS Health Occupation Sr Director, Program Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-155

Amount of Each Receipt this Period
 41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	266.66
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 64 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Thomas Moriarty
Full Name (Last, First, Middle Initial)

Mailing Address 200 Campus Dr
Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer CVS Health Occupation EVP, Chief HSO & Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-157

Amount of Each Receipt this Period
416.66

Memo Item

B. John Murphy
Full Name (Last, First, Middle Initial)

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 Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-160

Amount of Each Receipt this Period
100.00

Memo Item

C. Kevin Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 695 George Washington Hwy

City Lincoln State RI Zip Code 02865-4257

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

Name of Employer CVS Health Occupation VP Specialty & Infusion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-281

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	766.66
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 65 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. James Murray		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-161
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation VP,MC IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Thomas Myatt		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-162
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 62.50
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Sr Director,IT Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

Full Name (Last, First, Middle Initial) C. Philip Nalaboff		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-282
Mailing Address 2211 Sanders Rd		Amount of Each Receipt this Period 83.33
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation VP Specialty Pharmacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

SUBTOTAL of Receipts This Page (optional).....▶	345.83
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 66 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Roshan Navagamuwa
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sanders Rd
City Northbrook State IL Zip Code 60062-6150
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation SVP,Client Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-283
Amount of Each Receipt this Period 200.00
 Memo Item

B. Joan O'Rourke
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sanders Rd
City Northbrook State IL Zip Code 60062-6150
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Specialty Program Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.30

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-284
Amount of Each Receipt this Period 166.66
 Memo Item

C. Dawn Pagano
Full Name (Last, First, Middle Initial)
Mailing Address 200 Campus Dr Ste 310
City Florham Park State NJ Zip Code 07932-1007
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP, IT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-169
Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 566.66
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 67 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Pushpendu Pal
Full Name (Last, First, Middle Initial)
Mailing Address 2100 E Lake Cook Rd
City Buffalo Grove State IL Zip Code 60089-1999
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation SVP PBM IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-285
Amount of Each Receipt this Period 150.00
 Memo Item

B. Anthony Palmieri
Full Name (Last, First, Middle Initial)
Mailing Address 9501 E Shea Blvd
City Scottsdale State AZ Zip Code 85260-6719
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Clinical
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-371
Amount of Each Receipt this Period 38.46
 Memo Item

C. Anthony Palmieri
Full Name (Last, First, Middle Initial)
Mailing Address 9501 E Shea Blvd
City Scottsdale State AZ Zip Code 85260-6719
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Clinical
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-947
Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	226.92
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 68 OF 107
	<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

A. David Palombi
Full Name (Last, First, Middle Initial)

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 SVP,Chief Comm Officer CVS Hea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-170

Amount of Each Receipt this Period
 250.00

Memo Item

B. Daniel Parker
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Brand Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-372

Amount of Each Receipt this Period
 28.85

Memo Item

C. Daniel Parker
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Brand Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-948

Amount of Each Receipt this Period
 28.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	307.70
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 69 OF 107
(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. Lawrence Parks

Mailing Address 200 Highland Corporate Dr

City State Zip Code
Cumberland RI 02864-1786

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

Name of Employer Occupation
CVS Health VP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-171

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Angela Patterson

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health VP,MC Chief Nursing Officer

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
 05 / 12 / 2016
Transaction ID : 20160608162247-173

Amount of Each Receipt this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas Pawlik

Mailing Address 2211 Sanders Rd

City State Zip Code
Northbrook IL 60062-6150

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

Name of Employer Occupation
CVS Health VP Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-286

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Kathy-Jo Payette		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-175
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation SVP,Human Resources Retail	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Alejandro Perez-Tenessa		Date of Receipt 05 / 12 / 2016 Transaction ID : 20160608162247-176
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation VPMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) C. Leo Phenix		Date of Receipt 05 / 27 / 2016 Transaction ID : 20160608162247-950
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 19.23
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Sr Director,Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional).....▶	260.89
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 71 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Douglas Phillips
 Full Name (Last, First, Middle Initial)
 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 & Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-178
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Grant Pill
 Full Name (Last, First, Middle Initial)
 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, Retail Omni Channel Digit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-181
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Kenneth Plymale
 Full Name (Last, First, Middle Initial)
 Mailing Address 3148 W 3500 S
 City West Valley City State UT Zip Code 84119-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation District Manager,Fld Mgmt
 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
 05 / 12 / 2016
Transaction ID : 20160608162247-182
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Patricia Ponczkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 Sanders Rd
 Ste 500
 City Northbrook State IL Zip Code 60062-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Exec Advisor, Client Srvc Sup
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-953
 Amount of Each Receipt this Period **20.00**
 Memo Item

B. Natalie Pons
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation SVP Asst General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-287
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Jennifer Powers
 Full Name (Last, First, Middle Initial)
 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 Pharmacy Supv, Fld Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **433.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-184
 Amount of Each Receipt this Period **86.67**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	356.67
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 73 OF 107
(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. Ann Louise Puopolo

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health VP,Enterprise Patient Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-186

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. David Purdy

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health AVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-187

Amount of Each Receipt this Period
83.33

Memo Item

Full Name (Last, First, Middle Initial)
C. Jeffrey Raman

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health AVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-190

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 366.66

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 74 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)
A. Dina Reynolds

Mailing Address 6950 Alamo Downs Pkwy
Ste 140A

City San Antonio State TX Zip Code 78238-4501

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

Name of Employer CVS Health Occupation Director, Accreditation Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-381

Amount of Each Receipt this Period
 35.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Stephen Rill

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Area Sales TPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-384

Amount of Each Receipt this Period
 35.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Stephen Rill

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation VP Area Sales TPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-959

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Richard Riva
Full Name (Last, First, Middle Initial)

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 Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
05 / 13 / 2016
Transaction ID : 20160608162247-386

Amount of Each Receipt this Period
57.69

Memo Item

B. Richard Riva
Full Name (Last, First, Middle Initial)

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 Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
05 / 27 / 2016
Transaction ID : 20160608162247-961

Amount of Each Receipt this Period
57.69

Memo Item

C. Jonathan Roberts
Full Name (Last, First, Middle Initial)

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 President, CVS Health

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-193

Amount of Each Receipt this Period
416.66

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 532.04

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 76 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Ellen Robitaille
Full Name (Last, First, Middle Initial)
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 Director,Strategic Accounts IC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-387
Amount of Each Receipt this Period 21.00
 Memo Item

B. Ellen Robitaille
Full Name (Last, First, Middle Initial)
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 Director,Strategic Accounts IC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-962
Amount of Each Receipt this Period 21.00
 Memo Item

C. Maria Robles
Full Name (Last, First, Middle Initial)
Mailing Address 2700 Homestead Rd
City Santa Clara State CA Zip Code 95051-5353
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation District Manager,Fld Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-194
Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.66
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 77 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Jennifer Rudell
 Full Name (Last, First, Middle Initial)
 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 Pharmacy Supv,Fld Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-196
 Amount of Each Receipt this Period **41.67**
 Memo Item

B. Judith Sansone
 Full Name (Last, First, Middle Initial)
 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 SVP Merchandising
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-199
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Michael Sargent
 Full Name (Last, First, Middle Initial)
 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 Sr Exec Advisor,Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-200
 Amount of Each Receipt this Period **41.67**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.34
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 78 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Michael Sarocka
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health Professional Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016
Transaction ID : 20160608162247-390

Amount of Each Receipt this Period
25.00

Memo Item

B. Michael Sarocka
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health Professional Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016
Transaction ID : 20160608162247-965

Amount of Each Receipt this Period
25.00

Memo Item

C. Mark Satre
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health VP Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.65

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016
Transaction ID : 20160608162247-391

Amount of Each Receipt this Period
46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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 79 OF 107
	<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. Mark Satre

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health VP Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-966

Amount of Each Receipt this Period
46.15

Memo Item

Full Name (Last, First, Middle Initial)
B. Steven Schaper

Mailing Address 200 Campus Dr Ste 310

City State Zip Code
Florham Park NJ 07932-1007

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

Name of Employer Occupation
CVS Health Group Head, Employer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-968

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Marissa Schlaifer

Mailing Address 1275 Pennsylvania Ave NW Ste 700

City State Zip Code
Washington DC 20004-2448

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

Name of Employer Occupation
CVS Health Sr Director, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1015.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-394

Amount of Each Receipt this Period
92.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	158.45
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 80 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)
A. Marissa Schlaifer

Mailing Address 1275 Pennsylvania Ave NW
Ste 700

City Washington State DC Zip Code 20004-2448

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

Name of Employer CVS Health Occupation Sr Director, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1015.30

Date of Receipt
MM / DD / YYYY
05 / 27 / 2016
Transaction ID : 20160608162247-969

Amount of Each Receipt this Period
92.30

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas Schleigh Jr

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation VP, Pharmacy Operations, LTC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2016
Transaction ID : 20160608162247-628

Amount of Each Receipt this Period
40.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas Schleigh Jr

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation VP, Pharmacy Operations, LTC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2016
Transaction ID : 20160608162247-668

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.30
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 81 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. Robert Schmidt		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-201
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 83.33
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation Region Manager, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) B. Gregory Sciarra		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-203
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 62.50
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation VP, Internal Operations LTC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

Full Name (Last, First, Middle Initial) C. James Scozzari		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-204
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CVS Health	Occupation District Manager, Lic Fld Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

SUBTOTAL of Receipts This Page (optional).....▶	187.49
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 82 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Bernard Segal
Full Name (Last, First, Middle Initial)

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 Sr Director,IT Retail Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-205

Amount of Each Receipt this Period
62.50

Memo Item

B. Robert Sendewicz
Full Name (Last, First, Middle Initial)

Mailing Address 200 Campus Dr Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer CVS Health Occupation Sr Director,IT PBM Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : 20160608162247-395

Amount of Each Receipt this Period
50.00

Memo Item

C. Robert Sendewicz
Full Name (Last, First, Middle Initial)

Mailing Address 200 Campus Dr Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer CVS Health Occupation Sr Director,IT PBM Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-970

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	162.50
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Kay Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health VP Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
858.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016
Transaction ID : 20160608162247-396

Amount of Each Receipt this Period
78.00

Memo Item

B. Kay Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health VP Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
858.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2016
Transaction ID : 20160608162247-971

Amount of Each Receipt this Period
78.00

Memo Item

C. Prem Shah
Full Name (Last, First, Middle Initial)

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health VP Specialty Program Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2016
Transaction ID : 20160608162247-288

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	406.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Leonard Shankman
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sanders Rd
City Northbrook State IL Zip Code 60062-6150
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP,Strategic Specialty Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.50

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-289
Amount of Each Receipt this Period 62.50
 Memo Item

B. Julie Sheer
Full Name (Last, First, Middle Initial)
Mailing Address 9501 E Shea Blvd
City Scottsdale State AZ Zip Code 85260-6719
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Clinical Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-397
Amount of Each Receipt this Period 28.85
 Memo Item

C. Julie Sheer
Full Name (Last, First, Middle Initial)
Mailing Address 9501 E Shea Blvd
City Scottsdale State AZ Zip Code 85260-6719
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Clinical Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-972
Amount of Each Receipt this Period 28.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 120.20
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 85 OF 107
	<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

A. Tommy Sheer
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 E Shea Blvd
 City State Zip Code
 Scottsdale AZ 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Health VP, Medicare D Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-290
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Bonnie Shimko
 Full Name (Last, First, Middle Initial)
 Mailing Address 19070 S Tamiami Trl
 City State Zip Code
 Fort Myers FL 33908-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Health Pharmacy Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 433.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-572
 Amount of Each Receipt this Period
 54.17
 Memo Item

C. Bonnie Shimko
 Full Name (Last, First, Middle Initial)
 Mailing Address 19070 S Tamiami Trl
 City State Zip Code
 Fort Myers FL 33908-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Health Pharmacy Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 433.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-841
 Amount of Each Receipt this Period
 54.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	158.34
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 86 OF 107
(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. Peter Simmons

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,Retail Product Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-207

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jeffrey Sinko

Mailing Address 200 Campus Dr
Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer CVS Health Occupation SVP,AGC Board of Rx Practice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-208

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Tracy Smith

Mailing Address 200 Highland Corporate Dr

City Cumberland State RI Zip Code 02864-1786

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

Name of Employer CVS Health Occupation VP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-210

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Yvonne Southwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-291
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Benjamin Sprows
 Full Name (Last, First, Middle Initial)
 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 Exec Advisor,MC Medical Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208,35

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-213
 Amount of Each Receipt this Period 41.67
 Memo Item

c. Sarah Stafford
 Full Name (Last, First, Middle Initial)
 Mailing Address 187 Niblick Rd
 City Paso Robles State CA Zip Code 93446-4845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation CA Pharmacy Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-845
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	138.67
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 88 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Carolyn Stang
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health Exec Advisor, Medicare Svs MedD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
847.00

Date of Receipt
05 / 13 / 2016
Transaction ID : 20160608162247-400

Amount of Each Receipt this Period
77.00

Memo Item

B. Carolyn Stang
Full Name (Last, First, Middle Initial)

Mailing Address 9501 E Shea Blvd

City State Zip Code
Scottsdale AZ 85260-6719

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

Name of Employer Occupation
CVS Health Exec Advisor, Medicare Svs MedD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
847.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 20160608162247-975

Amount of Each Receipt this Period
77.00

Memo Item

C. Jason Stenta
Full Name (Last, First, Middle Initial)

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

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

Name of Employer Occupation
CVS Health VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-215

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.67
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 89 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Paul Stivender
Full Name (Last, First, Middle Initial)

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 SVP Facilities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-292

Amount of Each Receipt this Period
108.33

Memo Item

B. Randal Stowell
Full Name (Last, First, Middle Initial)

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 Sr Director,HR Bus Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-218

Amount of Each Receipt this Period
62.50

Memo Item

C. Shereen Stutz
Full Name (Last, First, Middle Initial)

Mailing Address 105 Mall Blvd

City Monroeville State PA Zip Code 15146-2213

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

Name of Employer CVS Health Occupation Director,Program Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : 20160608162247-401

Amount of Each Receipt this Period
28.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	199.67
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 90 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Shereen Stutz
Full Name (Last, First, Middle Initial)
Mailing Address 105 Mall Blvd
City Monroeville State PA Zip Code 15146-2213
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation Director, Program Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **317.24**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-976
Amount of Each Receipt this Period **28.84**
 Memo Item

B. Andrew Sussman
Full Name (Last, First, Middle Initial)
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 EVP, ACOMO and President MC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2083.30**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-920
Amount of Each Receipt this Period **416.66**
 Memo Item

C. Theresa Talbott
Full Name (Last, First, Middle Initial)
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 Sr Advisor, Government Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **423.06**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-402
Amount of Each Receipt this Period **38.46**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **483.96**
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 91 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Theresa Talbott
Full Name (Last, First, Middle Initial)

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 Sr Advisor, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : 20160608162247-977

Amount of Each Receipt this Period
38.46

Memo Item

B. Dixi Talke
Full Name (Last, First, Middle Initial)

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 Sr Advisor, Logs Supply Trans

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 20160608162247-222

Amount of Each Receipt this Period
50.00

Memo Item

C. Eimile Tansey
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation Sr Director, HR Bus Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : 20160608162247-404

Amount of Each Receipt this Period
28.85

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **117.31**

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 92 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Eimile Tansey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Sr Director,HR Bus Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.80**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-979
 Amount of Each Receipt this Period **28.85**
 Memo Item

B. Craig Thiele
 Full Name (Last, First, Middle Initial)
 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 AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-225
 Amount of Each Receipt this Period **200.00**
 Memo Item

C. Karen Thompson
 Full Name (Last, First, Middle Initial)
 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 Advisor,Analytic Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-980
 Amount of Each Receipt this Period **20.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.85
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 93 OF 107
	<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. Tracy Tobin		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-227
Mailing Address 16597 Interstate 45 S		Amount of Each Receipt this Period 41.66
City Conroe	State TX	Zip Code 77385-3401
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Sr Advisor,HR Bus Partner Fld	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) B. George Tohme		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-228
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 41.67
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation Pharmacy Supv,Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Cia Tucci		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 20160608162247-232
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 150.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer CVS Health	Occupation VPMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	233.33
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 94 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Thomas Tucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E 4th St
 900 Omnicare Center
 City Cincinnati State OH Zip Code 45202-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Omnicare, Inc. Occupation Regional Service Area Director
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 20160608162247-672
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Virginia Tworek
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 E McKellips Rd
 City Mesa State AZ Zip Code 85203-2626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Pharmacy Manager
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-854
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Anna Umberto
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation VP, Strategic Procurement
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-233
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 107
	<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 Valois

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 Sr Director,HR Bus Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-235

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Susan Vandersall

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 Sr Director,Talent Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-236

Amount of Each Receipt this Period
62.50

Memo Item

Full Name (Last, First, Middle Initial)
C. Jeff Vipond

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 Region Manager,Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-238

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	304.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Amritpal Virdee
 Full Name (Last, First, Middle Initial)
 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 Pharmacy Supv,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-239
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Ann Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Sr Exec Advisor,Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.24

Date of Receipt 05 / 13 / 2016
Transaction ID : 20160608162247-407
 Amount of Each Receipt this Period 28.84
 Memo Item

C. Ann Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Sr Exec Advisor,Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.24

Date of Receipt 05 / 27 / 2016
Transaction ID : 20160608162247-982
 Amount of Each Receipt this Period 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	99.35
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 97 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Gloria Walker
Full Name (Last, First, Middle Initial)

Mailing Address 6950 Alamo Downs Pkwy
Ste 110

City San Antonio State TX Zip Code 78238-4502

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

Name of Employer CVS Health Occupation Director, Customer Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
05 / 13 / 2016
Transaction ID : 20160608162247-408

Amount of Each Receipt this Period
35.00

Memo Item

B. Gloria Walker
Full Name (Last, First, Middle Initial)

Mailing Address 6950 Alamo Downs Pkwy
Ste 110

City San Antonio State TX Zip Code 78238-4502

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

Name of Employer CVS Health Occupation Director, Customer Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 20160608162247-983

Amount of Each Receipt this Period
35.00

Memo Item

C. Timothy Warren
Full Name (Last, First, Middle Initial)

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 Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-241

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.66

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 98 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Calvin Wasdyke
 Full Name (Last, First, Middle Initial)
 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 SVP,PBM Strategic Ops & Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-293
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Scott Wasikowski
 Full Name (Last, First, Middle Initial)
 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 AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-242
 Amount of Each Receipt this Period 50.00
 Memo Item

C. William West
 Full Name (Last, First, Middle Initial)
 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 District Manager,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 12 / 2016
Transaction ID : 20160608162247-243
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	341.66
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 99 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Hanley Wheeler
Full Name (Last, First, Middle Initial)
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 SVP, Field Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-244
Amount of Each Receipt this Period **200.00**
 Memo Item

B. Carolyn Wiesenbahn
Full Name (Last, First, Middle Initial)
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 SVP Human Resources CVS Health
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-246
Amount of Each Receipt this Period **100.00**
 Memo Item

C. Kathleen Williams
Full Name (Last, First, Middle Initial)
Mailing Address 200 Campus Dr Ste 310
City Florham Park State NJ Zip Code 07932-1007
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 **1000.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : 20160608162247-247
Amount of Each Receipt this Period **200.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Sabrina Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9501 E Shea Blvd
City Scottsdale State AZ Zip Code 85260-6719
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Account Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-410
Amount of Each Receipt this Period **50.00**
 Memo Item

B. Sabrina Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9501 E Shea Blvd
City Scottsdale State AZ Zip Code 85260-6719
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Account Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 27 / 2016**
Transaction ID : 20160608162247-985
Amount of Each Receipt this Period **50.00**
 Memo Item

C. Christopher Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 200 Campus Dr Ste 310
City Florham Park State NJ Zip Code 07932-1007
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation VP Market Intelligence
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 13 / 2016**
Transaction ID : 20160608162247-411
Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Christopher Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 200 Campus Dr
Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer CVS Health Occupation VP Market Intelligence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 20160608162247-986

Amount of Each Receipt this Period
50.00

Memo Item

B. Clay Wilson
Full Name (Last, First, Middle Initial)

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 Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-249

Amount of Each Receipt this Period
120.00

Memo Item

C. Erik Woehrmann
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer CVS Health Occupation Exec Advisor, Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-250

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.50

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. William Yates
 Full Name (Last, First, Middle Initial)
 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 Sr Advisor Rx Clinical Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : 20160608162247-412
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. William Yates
 Full Name (Last, First, Middle Initial)
 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 Sr Advisor Rx Clinical Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : 20160608162247-987
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. June Youngs
 Full Name (Last, First, Middle Initial)
 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 Logistics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : 20160608162247-252
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Barbara Zarowitz
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation VP, Chief Clinical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
05 / 06 / 2016
Transaction ID : 20160608162247-640

Amount of Each Receipt this Period
40.00

Memo Item

B. Barbara Zarowitz
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 4th St
900 Omnicare Center

City Cincinnati State OH Zip Code 45202-4248

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

Name of Employer Omnicare, Inc. Occupation VP, Chief Clinical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
05 / 20 / 2016
Transaction ID : 20160608162247-680

Amount of Each Receipt this Period
40.00

Memo Item

C. John Zevzadjian
Full Name (Last, First, Middle Initial)

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 Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 20160608162247-253

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	27881.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 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. NC State Board of Elections

Mailing Address P.O. Box 27255

City Raleigh State NC Zip Code 27611-7255

Purpose of Disbursement
Civil Penalty & Forfeiture Fund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VBD92479121BA159286F

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898-0505

Purpose of Disbursement
2020 Primary

Candidate Name
William Cassidy

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: LA District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : 26253CDF6913F1B6C9E

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St SE
Suite 310

City State Zip Code
Washington DC 20003

Purpose of Disbursement
2016 Primary

Candidate Name
Linda T. Sanchez

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 38

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : CF7FF99E619CC274AAE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DelBene for Congress

Mailing Address PO Box 487

City State Zip Code
Bothell WA 98041

Purpose of Disbursement
2016 General

Candidate Name
Suzan Kay DelBene

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : 597C8F4F133C56AEE75

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Langevin for Congress

Mailing Address 181A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement
2016 General

011

Candidate Name

James R. Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : 58B95A82CD0EAE5FC45

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

011

Candidate Name

NRSC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : 9E7A5DF78968EFBF885

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

16000.00

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

19500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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. Ken Czarnecki

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 9801FCD050305217A77

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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