

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CVS Health PAC

ADDRESS (number and street) 1275 Pennsylvania Avenue, NW Suite 700 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED C C00384818

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2015 through 04 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Heather A Cutler

Signature of Treasurer Heather A Cutler [Electronically Filed] Date 06 / 25 / 2015

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

**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="2015"/>		<input type="text" value="157916.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147769.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37594.79"/>	<input type="text" value="152567.50"/>
(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="185364.30"/>	<input type="text" value="310484.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000.00"/>	<input type="text" value="145120.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="165364.30"/>	<input type="text" value="165364.30"/>
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).....	28713.54	96338.67
(ii) Unitemized	8881.25	56228.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37594.79	152567.50
(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)	37594.79	152567.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37594.79	152567.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37594.79	152567.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	123000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	120.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	120.00
29. Other Disbursements	20000.00	22000.00
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)) ..	20000.00	145120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	145120.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37594.79	152567.50
34. Total Contribution Refunds (from Line 28(d))	0.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37594.79	152447.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

In preparing the May 20th report, PAC staff identified a discrepancy in the reconciliation of paperwork regarding the identity of PAC donors using payroll deduction and bank records of deposits from payroll deduction. Because of this inability to reconcile the identity of all contributors via payroll deduction, the PAC did not include the unverified information regarding those donors in its original filing. In the intervening period, the PAC has now obtained and verified the identity of all donors and the accuracy of the contribution records. This amendment includes this perfected data.

Form/Schedule:
Transaction ID:

**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 65
	<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	

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

NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial) A. Lotvin Alan		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3033932
Mailing Address 7 Sylvan Wy		Amount of Each Receipt this Period 416.66
City Hopkinton	State RI	Zip Code 01748
FEC ID number of contributing federal political committee. C	Name of Employer CVS Caremark	
Occupation EVP Specialty		* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

Full Name (Last, First, Middle Initial) B. Patterson Angela		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3032763
Mailing Address 200 Exchange St. #1413		Amount of Each Receipt this Period 150.00
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. C	Name of Employer CVS Caremark	
Occupation MC, Chief Nursing Officer		* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Puopolo Ann Louise		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3032823
Mailing Address 39-2 Commercial Wharf Eas		Amount of Each Receipt this Period 200.00
City Boston	State MA	Zip Code 02110
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	
Occupation VP Quality and Safety		* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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 8 OF 65
	<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. Lora L Armstrong
Full Name (Last, First, Middle Initial)

Mailing Address 125 Willow Blvd

City Willow Springs State IL Zip Code 60480

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

Name of Employer Caremark, L.L.C Occupation Vice President, Clinical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **04 / 17 / 2015**

Transaction ID : C3036939

Amount of Each Receipt this Period **76.92**

* Payroll Deduction: Biweekly

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

Mailing Address 41 Birchwood Dr

City Greenwich State CT Zip Code 06831-3311

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

Name of Employer CVS Health Occupation EVP Health Plans

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1333.32**

Date of Receipt **04 / 10 / 2015**

Transaction ID : C3031584

Amount of Each Receipt this Period **333.33**

* Payroll Deduction: Monthly

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

Mailing Address 1024 N. Honore St. #1

City Chicago State IL Zip Code 60622

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

Name of Employer Caremark, L.L.C Occupation VP Consultant & Broker Strateg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **415.38**

Date of Receipt **04 / 17 / 2015**

Transaction ID : C3037139

Amount of Each Receipt this Period **138.46**

* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... **548.71**

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 65
	<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 E. Baker
Full Name (Last, First, Middle Initial)
Mailing Address 18 Miss Fry Drive
City East Greenwich State RI Zip Code 02818
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C. Occupation EVP Internal Ops & Real Estate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1333.32**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031593
Amount of Each Receipt this Period **333.33**
* Payroll Deduction: Monthly

B. Katherine Bell
Full Name (Last, First, Middle Initial)
Mailing Address 1300 I Street, NW Suite 525W
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Caremark Occupation State Government Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.72**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037115
Amount of Each Receipt this Period **57.68**
* Payroll Deduction: Biweekly

C. Mitch G Betses
Full Name (Last, First, Middle Initial)
Mailing Address 19 Winter Green Drive
City Merrimack State NH Zip Code 03054
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C. Occupation SVP COO Med D
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031646
Amount of Each Receipt this Period **200.00**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **591.01**
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 10 OF 65
	<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. Shimko Bonnie
Full Name (Last, First, Middle Initial)
Mailing Address 21432 Bella Terra Blvd
City Estero State FL Zip Code 33928
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **216.68**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033545
Amount of Each Receipt this Period **54.17**
* Payroll Deduction: Monthly

B. Harriet Booker
Full Name (Last, First, Middle Initial)
Mailing Address 1 CVS Drive
City Woonsocket State RI Zip Code 02895
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.01**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3034067
Amount of Each Receipt this Period **333.34**
* Payroll Deduction: Monthly

C. Thompson T Booker
Full Name (Last, First, Middle Initial)
Mailing Address 1801 Rizzi Lane
City Bartlett State IL Zip Code 60103
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.32**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032694
Amount of Each Receipt this Period **83.33**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....	470.84
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 11 OF 65
	<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. Eva Boratto
Full Name (Last, First, Middle Initial)

Mailing Address 505 Hobby Horse Hill

City Lower Gwynedd State PA Zip Code 19002

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

Name of Employer CVS Caremark Occupation SVP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3031695

Amount of Each Receipt this Period
250.00

* Payroll Deduction: Monthly

B. Mearns Brian
Full Name (Last, First, Middle Initial)

Mailing Address 2 Ocean Rise Dr

City Westerly State RI Zip Code 02891

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

Name of Employer Caremark, L.L.C Occupation VP, Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3033883

Amount of Each Receipt this Period
200.00

* Payroll Deduction: Monthly

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

Mailing Address 50 PARK ROW W APT 906

City PROVIDENCE State RI Zip Code 02903-1151

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

Name of Employer Caremark, L.L.C Occupation VP, Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3031696

Amount of Each Receipt this Period
200.00

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 12 OF 65
	<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. Lyons C Bruce
Full Name (Last, First, Middle Initial)
Mailing Address 3385 Rfd
City Long Grove State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation SVP Sales
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **667.32**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033057
Amount of Each Receipt this Period **166.83**
* Payroll Deduction: Monthly

B. Macrae E Bruce
Full Name (Last, First, Middle Initial)
Mailing Address 3032 Margo Lane
City Northbrook State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Sales
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **440.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037137
Amount of Each Receipt this Period **110.00**
* Payroll Deduction: Biweekly

C. Michael W buckless
Full Name (Last, First, Middle Initial)
Mailing Address One Bergen Court
City Marlton State NJ Zip Code 08053
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Caremark Occupation VP Real Estate
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032862
Amount of Each Receipt this Period **100.00**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **376.83**
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 13 OF 65
	<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. John M Buckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Justin Dr
 City Mansfield State MA Zip Code 02048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation SVP & Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032870
 Amount of Each Receipt this Period **150.00**
 * Payroll Deduction: Monthly

B. Stang Carolyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 12964 W Eagle Ridge Lane
 City Peoria State IL Zip Code 85383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation Sr Advisor Medicare Srvcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **616.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037141
 Amount of Each Receipt this Period **154.00**
 * Payroll Deduction: Biweekly

C. David L Casey
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Foster Way
 City East Greenwich State RI Zip Code 02818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP, Diversity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033877
 Amount of Each Receipt this Period **200.00**
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	504.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 65
	<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. Henry Casillas
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 South Harbor Blvd
 City La Habra State CA Zip Code 90631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3031718
 Amount of Each Receipt this Period
 150.00
 * Payroll Deduction: Monthly

B. Anthony B Caskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1780 Wall Street
 City Mount Prospect State IL Zip Code 60056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3037085
 Amount of Each Receipt this Period
 57.70
 * Payroll Deduction: Monthly

C. Carolyn Castel
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 Mason Terrace
 City Brookline State MA Zip Code 02446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP, Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3033284
 Amount of Each Receipt this Period
 200.00
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	407.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 65
	<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	

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. Golden Jr E. Charles Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 South Eagle Nest Dr
 City Lincoln State RI Zip Code 02865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation SVP Construction & Prop Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032871
 Amount of Each Receipt this Period **100.00**
 * Payroll Deduction: Monthly

B. John Chatas
 Full Name (Last, First, Middle Initial)
 Mailing Address 3028 White Pine Drive
 City Northbrook State IL Zip Code 60062
 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 **230.72**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037100
 Amount of Each Receipt this Period **57.68**
 * Payroll Deduction: Biweekly

C. Nancy R Christal
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Rockinghorse Tr
 City Rye Brook State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation SVP, Investor Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031738
 Amount of Each Receipt this Period **250.00**
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **407.68**
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 16 OF 65
	<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. Cox L Christopher
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Plymouth Road
 City Needham State MA Zip Code 02492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation Director I, Pharmacy Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.64**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031777
 Amount of Each Receipt this Period **166.66**
 * Payroll Deduction: Monthly

B. Steve Cohan
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Clarke Rd.
 City Barrington State RI Zip Code 02806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **834.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033874
 Amount of Each Receipt this Period **208.50**
 * Payroll Deduction: Monthly

C. Brian J Correia
 Full Name (Last, First, Middle Initial)
 Mailing Address 10931 E Bella Vista
 City Scottsdale State AZ Zip Code 85259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP Network
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : C2985732
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	1375.16
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 17 OF 65
	<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. Thiele M Craig
Full Name (Last, First, Middle Initial)
Mailing Address 9 Marion Dr
City Coventry State RI Zip Code 02816
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation AVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032013
Amount of Each Receipt this Period **200.00**
* Payroll Deduction: Monthly

B. Christopher M Crisafulli
Full Name (Last, First, Middle Initial)
Mailing Address 127 Country Hill Lane
City North Kingstown State RI Zip Code 02852
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Sr Director, Finance, MC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.96**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033275
Amount of Each Receipt this Period **62.49**
* Payroll Deduction: Monthly

C. Heather A Cutler
Full Name (Last, First, Middle Initial)
Mailing Address 1800 South Lynn Street
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Exec Advisor, Govt Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.72**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3036905
Amount of Each Receipt this Period **57.68**
* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... **320.17**
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 65
<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		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : C3037147
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 57.70
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Senior Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) B. Falkowski David		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3031874
Mailing Address 178 Margery Ln		Amount of Each Receipt this Period 200.00
City Westwood	State MA	Zip Code 02090
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Caremark	Occupation VP & General Auditor, CVS CMK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) C. Connell-Deleeuw Debra		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : C3036928
Mailing Address 5326 W Waltann Ln		Amount of Each Receipt this Period 70.00
City Glendale	State AZ	Zip Code 85306
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Sr Manager, Application Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	327.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 65
	<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. Michael Dell
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 Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3037151

Amount of Each Receipt this Period
 115.38

* Payroll Deduction: Biweekly

B. Patrick Dennis
Full Name (Last, First, Middle Initial)

Mailing Address 1051 Manor Drive

City Mountain Top State PA Zip Code 18707

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

Name of Employer Information Requested Occupation Sr. Director, Wilkes Barre Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3031846

Amount of Each Receipt this Period
 28.85

* Payroll Deduction: Biweekly

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

Mailing Address 373 Commonwealth Ave

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Caremark, L.L.C Occupation EVP & CFO, CVS CMK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3031807

Amount of Each Receipt this Period
 208.33

* Payroll Deduction: Monthly

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 20 OF 65
	<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. Reynolds M Dina
Full Name (Last, First, Middle Initial)
Mailing Address 7743 Fair Oaks Pkwy
City Fair Oaks Ranch State TX Zip Code 78015
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Dir Quality
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 17 / 2015
Transaction ID : C3037050
Amount of Each Receipt this Period 70.00
* Payroll Deduction: Biweekly

B. James M Dixon
Full Name (Last, First, Middle Initial)
Mailing Address 305 Blackthorn Drive
City Buffalo Grove State IL Zip Code 60089
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 17 / 2015
Transaction ID : C3037136
Amount of Each Receipt this Period 150.00
* Payroll Deduction: Biweekly

C. Christopher W Dupaul
Full Name (Last, First, Middle Initial)
Mailing Address 245 Elmgrove Ave
City Providence State RI Zip Code 02906-4224
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP, Product Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 10 / 2015
Transaction ID : C3031848
Amount of Each Receipt this Period 200.00
* Payroll Deduction: Monthly

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:	PAGE 21 OF 65
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Devaney Edward
Full Name (Last, First, Middle Initial)
Mailing Address 17126 Laurel Walk Ct
City Charlotte State IL Zip Code 28277
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Dir Strategic Accounts
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.80**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037083
Amount of Each Receipt this Period **57.70**
* Payroll Deduction: Biweekly

B. Boone H Eileen
Full Name (Last, First, Middle Initial)
Mailing Address 5 Little Lane
City Barrington State RI Zip Code 02806
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation SVP, Corp Comm & Commty Rel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031659
Amount of Each Receipt this Period **100.00**
* Payroll Deduction: Monthly

C. Arvid L Faudskar
Full Name (Last, First, Middle Initial)
Mailing Address 4107 E Robin Lane
City Phoenix State AZ Zip Code 85050
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Clinical
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.76**

Date of Receipt **04 / 03 / 2015**
Transaction ID : C3036909
Amount of Each Receipt this Period **38.46**
* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....	196.16
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 22 OF 65
	<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. Brian Files
Full Name (Last, First, Middle Initial)
Mailing Address 850 John Carlyle St.
Apt. 352
City Alexandria State DC Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Caremark Occupation Exec Advisor, Govt Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.72**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037097
Amount of Each Receipt this Period **57.68**
* Payroll Deduction: Biweekly

B. Jon Fliss
Full Name (Last, First, Middle Initial)
Mailing Address 10 Stable Way
City Medway State MA Zip Code 02053-6125
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation SVP, Comp & Benefits
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **750.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3034028
Amount of Each Receipt this Period **250.00**
* Payroll Deduction: Monthly

C. Richard M Ford
Full Name (Last, First, Middle Initial)
Mailing Address 9180 Los Lagos Circle S
City Granite Bay State CA Zip Code 95746
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation AVP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031906
Amount of Each Receipt this Period **150.00**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....	457.68
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:	PAGE 23 OF 65
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Burns W Frederick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4950 4th Place
 City Vero Beach State FL Zip Code 32968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation Dir Materials Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 17 / 2015
Transaction ID : C3036932
 Amount of Each Receipt this Period 70.00
 * Payroll Deduction: Biweekly

B. Stephen M Frumento
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 N Gate Road
 City Mendham State NJ Zip Code 07945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.03

Date of Receipt 04 / 10 / 2015
Transaction ID : C3036330
 Amount of Each Receipt this Period 108.33
 * Payroll Deduction: Monthly

C. Jeff J Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Fisher Rd
 City Saxonburg State PA Zip Code 16056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP A/R Specialty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 04 / 17 / 2015
Transaction ID : C3037140
 Amount of Each Receipt this Period 83.32
 * Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....▶ 261.65
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 65
	<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. Brian J Garish
Full Name (Last, First, Middle Initial)

Mailing Address 12532 Willingdon Road

City State Zip Code
Huntersville NC 28078

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

Name of Employer Occupation
Caremark, L.L.C Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3031947

Amount of Each Receipt this Period
100.00

* Payroll Deduction: Monthly

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

Mailing Address 105 Shadow Mountain Dr

City State Zip Code
Cibolo TX 78108

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

Name of Employer Occupation
Caremark, L.L.C Dir Customer Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3036935

Amount of Each Receipt this Period
70.00

* Payroll Deduction: Biweekly

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

Mailing Address 14177 Wayford Run

City State Zip Code
Shelby Township MI 48315

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

Name of Employer Occupation
Caremark, L.L.C Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3033695

Amount of Each Receipt this Period
83.33

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	253.33
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 25 OF 65
	<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. Tracy Grunsfeld
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 **800.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3034035
Amount of Each Receipt this Period **200.00**
* Payroll Deduction: Monthly

B. Todd Todd Guinn
Full Name (Last, First, Middle Initial)
Mailing Address 18 N La Arboleta Dr
City Gilbert State AZ Zip Code 85234
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Network
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **461.52**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037131
Amount of Each Receipt this Period **115.38**
* Payroll Deduction: Biweekly

C. Devlin A Heidi
Full Name (Last, First, Middle Initial)
Mailing Address 66 Jefferson Rd
City Franklin State MA Zip Code 02038
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP, Advertising
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032885
Amount of Each Receipt this Period **100.00**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **415.38**
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 26 OF 65
	<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. Foulkes B Helena

Mailing Address 120 Brown St.

City Providence State RI Zip Code 02906

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

Name of Employer Caremark, L.L.C. Occupation EVP & Chief HC Strategy & Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3031909

Amount of Each Receipt this Period
 416.66

* Payroll Deduction: Monthly

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

Mailing Address 1300 I Street, NW Suite 525W

City Washington State DC Zip Code 20005

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

Name of Employer CVS Caremark Occupation State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3037116

Amount of Each Receipt this Period
 57.68

* Payroll Deduction: Biweekly

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

Mailing Address 12004 Uplands Ridge

City Austin State TX Zip Code 78738

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

Name of Employer Caremark, L.L.C. Occupation VP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3037127

Amount of Each Receipt this Period
 100.00

* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 574.34

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: (check only one)	PAGE 27 OF 65
	<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. John D Hoyceanyls
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Springwater Drive
 City Woonsocket State RI Zip Code 02895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP Construction & Prop Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 04 / 10 / 2015
Transaction ID : C3032174
 Amount of Each Receipt this Period 83.33
 * Payroll Deduction: Monthly

B. King B James
 Full Name (Last, First, Middle Initial)
 Mailing Address 12724 East Sunnyside
 City Scottsdale State AZ Zip Code 85259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP Medicare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 738.40

Date of Receipt 04 / 17 / 2015
Transaction ID : C3037133
 Amount of Each Receipt this Period 184.60
 * Payroll Deduction: Biweekly

c. Margiotta C James
 Full Name (Last, First, Middle Initial)
 Mailing Address 6813 David Lane
 City Colleyville State TX Zip Code 76034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 667.32

Date of Receipt 04 / 10 / 2015
Transaction ID : C3032110
 Amount of Each Receipt this Period 166.83
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	434.76
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 65
	<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. Murray D James
Full Name (Last, First, Middle Initial)
Mailing Address 30 Spartan Arrow Rd
City Littleton State MA Zip Code 01460
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation MC, VP IS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033880
Amount of Each Receipt this Period **200.00**
* Payroll Deduction: Monthly

B. Jackson A Jeffrey
Full Name (Last, First, Middle Initial)
Mailing Address 32405 N 136th St
City Scottsdale State AZ Zip Code 85262
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Client Connect Migration
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037132
Amount of Each Receipt this Period **80.00**
* Payroll Deduction: Biweekly

C. Raman W Jeffrey
Full Name (Last, First, Middle Initial)
Mailing Address 109 Wheatley Blvd
City Mullica Hill State NJ Zip Code 08062
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation AVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.32**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032635
Amount of Each Receipt this Period **83.33**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....	363.33
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 29 OF 65
	<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. Powers Jennifer

Mailing Address 7441 Bob O'Link Way

City State Zip Code
Port Saint Lucie FL 34986

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

Name of Employer Occupation
Caremark, L.L.C Pharmacy Supervisor, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C3032515

Amount of Each Receipt this Period
86.67

* Payroll Deduction: Monthly

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

Mailing Address 518 Gilbert St

City State Zip Code
Mansfield MA 02048-2669

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

Name of Employer Occupation
Caremark, L.L.C Sr Director,H&W Benefits

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
04 / 10 / 2015
Transaction ID : C3032287

Amount of Each Receipt this Period
62.50

* Payroll Deduction: Monthly

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

Mailing Address 455 Hunter Crossing

City State Zip Code
East Greenwich RI 02818

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

Name of Employer Occupation
Caremark, L.L.C President, CVS CMK Pharm Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C3032882

Amount of Each Receipt this Period
416.66

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	565.83
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 30 OF 65
	<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. Brenna B Jordan
Full Name (Last, First, Middle Initial)
Mailing Address 100 River Farm Dr
City Eastgreenwich State RI Zip Code 02818
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP & Sr Legal Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033159
Amount of Each Receipt this Period **150.00**
* Payroll Deduction: Monthly

B. Frendo Joseph
Full Name (Last, First, Middle Initial)
Mailing Address 9 Greenhill Trl
City Trophy Club State TX Zip Code 76262-5646
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation SVP Mail & Customer Care Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1666.68**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031920
Amount of Each Receipt this Period **416.67**
* Payroll Deduction: Monthly

C. Haas Jr J Joseph
Full Name (Last, First, Middle Initial)
Mailing Address 12267 Carberry Ln
City Roscoe State IL Zip Code 61073
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.32**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032541
Amount of Each Receipt this Period **83.33**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **650.00**
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 31 OF 65
	<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. Flum M Joshua
Full Name (Last, First, Middle Initial)

Mailing Address 7 Summer Heights Drive

City Franklin State MA Zip Code 02038

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

Name of Employer Caremark, L.L.C Occupation SVP, Retail Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 10 / 2015
Transaction ID : C3032909

Amount of Each Receipt this Period 250.00

* Payroll Deduction: Monthly

B. Sansone S Judith
Full Name (Last, First, Middle Initial)

Mailing Address 80 Kasey Court

City Uxbridge State RI Zip Code 01569

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

Name of Employer Caremark, L.L.C Occupation SVP Merchandising

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 10 / 2015
Transaction ID : C3032146

Amount of Each Receipt this Period 250.00

* Payroll Deduction: Monthly

C. Youngs June
Full Name (Last, First, Middle Initial)

Mailing Address 190 Stone Ridge Dr

City East Greenwich State RI Zip Code 02818

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

Name of Employer Information Requested Occupation VP Logistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 10 / 2015
Transaction ID : C3033942

Amount of Each Receipt this Period 200.00

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 32 OF 65
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

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

Mailing Address 6635 North 36th Street

City Phoenix State AZ Zip Code 85018

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

Name of Employer Caremark, L.L.C Occupation VP Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : C3037128

Amount of Each Receipt this Period
156.00

* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)
B. Czarnecki R Ken

Mailing Address 7803 Purdue Street

City Dallas State TX Zip Code 75225

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

Name of Employer Caremark, L.L.C Occupation SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **866.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3032956

Amount of Each Receipt this Period
216.67

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)
C. Andrew P Kiler

Mailing Address 332 Meadow Creek Drive

City Westminster State MD Zip Code 21158

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

Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : C3037143

Amount of Each Receipt this Period
83.34

* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	456.01
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 33 OF 65
<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. Mcdonnell Kimberly		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3033929
Mailing Address 10260 E Whitefeather 2053		Amount of Each Receipt this Period 82.00
City Scottsdale	State AZ	Zip Code 85262
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Caremark	Occupation VP, Medicare Health Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) B. Jeffrey R Knudson		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3032817
Mailing Address 65 Laurel Wood Drive		Amount of Each Receipt this Period 208.33
City East Greenwich	State RI	Zip Code 02818
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Vice President Finance and Retail Cont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.03	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) C. Jeff W Koelsch		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : C3036916
Mailing Address 8728 Plymouth Rd		Amount of Each Receipt this Period 57.70
City Alexandria	State VA	Zip Code 22308
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation VP Account Management FEP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	348.03
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 34 OF 65
	<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. John M Lavin
Full Name (Last, First, Middle Initial)

Mailing Address 10505 E. Cactus Road

City State Zip Code
Scottsdale AZ 85259

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

Name of Employer Occupation
Caremark, L.L.C SVP Network Services

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
04 / 10 / 2015
Transaction ID : C3032039

Amount of Each Receipt this Period
125.00

* Payroll Deduction: Monthly

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

Mailing Address 10 W Cushing St

City State Zip Code
Providence MA 02906

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

Name of Employer Occupation
Caremark, L.L.C SVP, Chief HR Officer, CVS CMK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C3033181

Amount of Each Receipt this Period
416.66

* Payroll Deduction: Monthly

C. Gary Loeber
Full Name (Last, First, Middle Initial)

Mailing Address 10027 Bluff Rd

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Occupation
CVS Health SVP Trade Relations

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
04 / 10 / 2015
Transaction ID : C3033921

Amount of Each Receipt this Period
125.00

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	666.66
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 35 OF 65
	<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. Grant D IPil
Full Name (Last, First, Middle Initial)
Mailing Address 222 Freeman Parkway
City Providence State MA Zip Code 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VPMM
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032273
Amount of Each Receipt this Period **100.00**
* Payroll Deduction: Monthly

B. Feczko Lucia
Full Name (Last, First, Middle Initial)
Mailing Address 23636 Hearthside Drive
City Deer Park State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Dir Specialty Pharmacy Program
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **280.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3036933
Amount of Each Receipt this Period **70.00**
* Payroll Deduction: Biweekly

C. Satre S Mark
Full Name (Last, First, Middle Initial)
Mailing Address 11060 E. Winchcomb Dr.
City Scottsdale State AZ Zip Code 85255
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Project Management Office
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **369.20**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3037134
Amount of Each Receipt this Period **92.30**
* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... **262.30**
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 36 OF 65
	<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 J Matthew
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Kettlepond Dr
 City State Zip Code
 S Kingstown RI 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caremark, L.L.C. EVP Pharma Contr, Purch & Ntwk
 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
 04 / 10 / 2015
Transaction ID : C3032874
 Amount of Each Receipt this Period
 250.00
 * Payroll Deduction: Monthly

B. Colleen McIntosh
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 Roselawn Road
 City State Zip Code
 Highland Mills NY 10930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CVS Caremark SVP Asst General Counsel
 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
 04 / 10 / 2015
Transaction ID : C3033954
 Amount of Each Receipt this Period
 250.00
 * Payroll Deduction: Monthly

C. Studzinski L Melissa
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Woodbury Street
 City State Zip Code
 Providence RI 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caremark, L.L.C. Vice President, Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3032258
 Amount of Each Receipt this Period
 166.67
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	666.67
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 37 OF 65
	<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

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. Larry J Merlo
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clauson Court

City E Greenwich State RI Zip Code 02818

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

Name of Employer Caremark, L.L.C Occupation President & CEO, CVS CMK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3032865

Amount of Each Receipt this Period
416.66

* Payroll Deduction: Monthly

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

Mailing Address 3809 Hanover Drive

City Mason State OH Zip Code 45040

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

Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3033779

Amount of Each Receipt this Period
125.00

* Payroll Deduction: Monthly

C. Mcenany F Michael
Full Name (Last, First, Middle Initial)

Mailing Address 147 Benefit Street #3

City Providence State RI Zip Code 02903

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

Name of Employer Caremark, L.L.C Occupation VPMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : C3032192

Amount of Each Receipt this Period
100.00

* Payroll Deduction: Biweekly

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 38 OF 65
	<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. Thomas S Moffatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Homestead Circle
 City Kingston State RI Zip Code 02881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP, Asst. Secretary & Asst. General Co
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033146
 Amount of Each Receipt this Period **100.00**
 * Payroll Deduction: Monthly

B. Thomas Moriarty
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Lake Rd
 City Short Hills State NJ Zip Code 07078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Caremark Occupation EVP & General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1666.64**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033912
 Amount of Each Receipt this Period **416.66**
 * Payroll Deduction: Monthly

C. Kevin L Murphy Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Narragansett Ave #503
 City Narragansett State RI Zip Code 02882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Caremark Occupation VP Infusion
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033918
 Amount of Each Receipt this Period **250.00**
 * Payroll Deduction: Monthly

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 39 OF 65
	<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. Thomas C Myatt
Full Name (Last, First, Middle Initial)
Mailing Address 31 Cedarview Circle
City Milford State MA Zip Code 01757
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Sr Director, IT Systems
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032914
Amount of Each Receipt this Period **62.50**
* Payroll Deduction: Monthly

B. Philip A Nalaboff
Full Name (Last, First, Middle Initial)
Mailing Address 2498 Fielding Drive
City Glenview State IL Zip Code 60026
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation VP Specialty Pharmacy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.99**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032126
Amount of Each Receipt this Period **83.33**
* Payroll Deduction: Monthly

C. Gagliano Nancy
Full Name (Last, First, Middle Initial)
Mailing Address 9 Highwood Rd
City Manchester State RI Zip Code 01944
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Caremark Occupation MC, Chief Medical Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033902
Amount of Each Receipt this Period **100.00**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **245.83**
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 40 OF 65
	<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. Joan O'Rourke
Full Name (Last, First, Middle Initial)

Mailing Address 1106 South Cleveland

City Park Ridge State IL Zip Code 60068

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

Name of Employer Caremark, L.L.C Occupation VP Specialty Program Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3032122

Amount of Each Receipt this Period
166.66

* Payroll Deduction: Monthly

B. Anthony M Palmieri
Full Name (Last, First, Middle Initial)

Mailing Address 16553 North 104th Street

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Caremark, L.L.C Occupation VP, Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : C3037149

Amount of Each Receipt this Period
76.92

* Payroll Deduction: Biweekly

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

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer CVS Health Occupation SVP, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3032834

Amount of Each Receipt this Period
250.00

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	493.58
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 65
	<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. Lawrence Parks		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : C3032828
Mailing Address 200 Highland Corporate Drive		Amount of Each Receipt this Period 200.00
City Cumberland	State RI	Zip Code 02865
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) B. Stivender Paul		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : C3033092
Mailing Address 300 Overbrook Road		Amount of Each Receipt this Period 108.33
City Birmingham	State AL	Zip Code 35213
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation SVP Facilities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.32	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) C. Kathy Jo Payette		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : C3032916
Mailing Address 94 West St		Amount of Each Receipt this Period 200.00
City East Greenwich	State RI	Zip Code 02818-3321
FEC ID number of contributing federal political committee. C		
Name of Employer CVS CAREMARK CORPORATION	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	508.33
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 42 OF 65
	<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. Douglas W Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Dunbarton Road
 City Needham State MA Zip Code 02492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation VP & Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3033189
 Amount of Each Receipt this Period
 400.00
 * Payroll Deduction: Monthly

B. Shah Prem
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Weedon Dr Ne
 City Saint Petersburg State RI Zip Code 33702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Caremark Occupation VP Specialty Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3033934
 Amount of Each Receipt this Period
 250.00
 * Payroll Deduction: Monthly

C. David W Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4309 Artesian Cove Court
 City Denver State NC Zip Code 28037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C Occupation AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3032632
 Amount of Each Receipt this Period
 83.33
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	733.33
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 43 OF 65
	<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. Ancil Jr. C Richard
 Full Name (Last, First, Middle Initial)
 Mailing Address 9718 E. Celtic Dr
 City State Zip Code
 Scottsdale AZ 85260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caremark, L.L.C Senior Manager, Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3032710
 Amount of Each Receipt this Period
 83.33
 * Payroll Deduction: Monthly

B. Molchan D Richard
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Margery Lane
 City State Zip Code
 Westwood MA 02090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caremark, L.L.C Vice President, Visual Merch
 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
 04 / 10 / 2015
Transaction ID : C303291
 Amount of Each Receipt this Period
 125.00
 * Payroll Deduction: Monthly

C. Richard J Riva
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Aikin Circle North
 City State Zip Code
 Lewis Center OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caremark, L.L.C VP Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3037130
 Amount of Each Receipt this Period
 250.00
 * Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	458.33
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 44 OF 65
	<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. Marcello T Robert

Mailing Address 12 Bayberry Ct

City Lincoln State RI Zip Code 02865-4802

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

Name of Employer Caremark, L.L.C Occupation SVP Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3032894

Amount of Each Receipt this Period
80.00

* Payroll Deduction: Monthly

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

Mailing Address 1092 Bloomsbury Run

City Lake Mary State FL Zip Code 32746

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

Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C3033846

Amount of Each Receipt this Period
83.33

* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)
C. Finch Ronald

Mailing Address 12236 Juniper

City Overland Park State KS Zip Code 66209

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

Name of Employer Caremark, L.L.C Occupation GM Specialty Pharmacy Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : C3037051

Amount of Each Receipt this Period
57.68

* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **221.01**

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 45 OF 65
	<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. Link E Ronald
Full Name (Last, First, Middle Initial)
Mailing Address 90 Watch Hill
City East Greenwich State RI Zip Code 02818
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation SVP Logistics
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **720.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031988
Amount of Each Receipt this Period **180.00**
* Payroll Deduction: Monthly

B. Sol Ross
Full Name (Last, First, Middle Initial)
Mailing Address 1508 Dade Lane
City Alexandria State VA Zip Code 22308
FEC ID number of contributing federal political committee. **C**
Name of Employer CVS Health Occupation Head, Federal Government Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **04 / 03 / 2015**
Transaction ID : C3037150
Amount of Each Receipt this Period **250.00**
* Payroll Deduction: Biweekly

C. Camacho Rui Rui Manuel
Full Name (Last, First, Middle Initial)
Mailing Address 4682 Sierrawood Ln
City Pleasanton State CA Zip Code 94588-4358
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 **333.32**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3031713
Amount of Each Receipt this Period **83.33**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **513.33**
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 46 OF 65
<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. Dossey R Russell		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3031824
Mailing Address 50 Park Row W Apt 804		Amount of Each Receipt this Period 200.00
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. C		* Payroll Deduction: Monthly
Name of Employer Caremark, L.L.C	Occupation VP, Visual Merchandising	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Williams L Sabrina		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : C3037129
Mailing Address 2609 W Via Vista		Amount of Each Receipt this Period 100.00
City Phoenix	State AZ	Zip Code 85086
FEC ID number of contributing federal political committee. C		* Payroll Deduction: Biweekly
Name of Employer Caremark, L.L.C	Occupation VP Account Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Marissa Schlaifer		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : C3037148
Mailing Address 1050 N. Stuart St. #400 #400		Amount of Each Receipt this Period 184.60
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		* Payroll Deduction: Biweekly
Name of Employer CVS Caremark	Occupation Sr Director, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.70	

SUBTOTAL of Receipts This Page (optional).....▶	484.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 65
	<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. Greg J Sciarra
Full Name (Last, First, Middle Initial)

Mailing Address 38 Hazard Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Caremark, L.L.C Occupation Sr Director, Fin Third Party

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : C3032182

Amount of Each Receipt this Period **62.50**

* Payroll Deduction: Monthly

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

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer CVS Health Occupation Sr. Director, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 17 / 2015**

Transaction ID : C3037152

Amount of Each Receipt this Period **100.00**

* Payroll Deduction: Biweekly

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

Mailing Address 638 Ivywood Dr

City Tallmadge State OH Zip Code 44278

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

Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt **04 / 10 / 2015**

Transaction ID : C3033811

Amount of Each Receipt this Period **83.33**

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional)..... **245.83**

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 48 OF 65
	<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. Edge R Shelly

Mailing Address 528 Barber Loop

City Mooresville	State GA	Zip Code 28117
---------------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation Region Manager, Fld Mgmt
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3031851

Amount of Each Receipt this Period
83.33

* Payroll Deduction: Monthly

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

Mailing Address 162 Sunrise Drive

City Irwin	State PA	Zip Code 15642
---------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation Dir Program Management
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C3036950

Amount of Each Receipt this Period
57.68

* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)
C. William Shrank

Mailing Address 4801 Langdrum Lane

City Chevy Chase	State RI	Zip Code 20815
---------------------	-------------	-------------------

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

Name of Employer CVS Caremark	Occupation CMO,Provider Innov & Analytic
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C3033960

Amount of Each Receipt this Period
150.00

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	291.01
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 49 OF 65
	<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. Peter D Simmons		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3033294
Mailing Address 5 Daffodil Ln		Amount of Each Receipt this Period 100.00
City Medway	State MA	Zip Code 02053
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation VP Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) B. Jeffrey Sinko		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3034066
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) C. Gold Stephen		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C3032011
Mailing Address 15 Jonathan Smith Rd		Amount of Each Receipt this Period 416.66
City Morristown	State RI	Zip Code 07960
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Caremark	Occupation SVP & CIO, CVS CMK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	* Payroll Deduction: Monthly

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 50 OF 65
	<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. Heidenthal E Stephen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
Mailing Address 183 Misty Meadow Ln		Transaction ID : C3032240
City North Kingstown	State RI	Zip Code 02852-3712
FEC ID number of contributing federal political committee.	C	
Name of Employer Caremark, L.L.C	Occupation VP Pharmacy Merchandising	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Amount of Each Receipt this Period 100.00
		* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) B. Manning W Stephen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2015
Mailing Address 12 Berkeley Pl		Transaction ID : C3037138
City Montclair	State NJ	Zip Code 07042
FEC ID number of contributing federal political committee.	C	
Name of Employer Caremark, L.L.C	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	
		Amount of Each Receipt this Period 76.92
		* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) C. Rill T Stephen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2015
Mailing Address 1205 W Winchester Rd		Transaction ID : C3036940
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee.	C	
Name of Employer Caremark, L.L.C	Occupation VP Area Sales TPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
		Amount of Each Receipt this Period 70.00
		* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional).....▶	246.92
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 51 OF 65
	<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. Kunz A Steven
Full Name (Last, First, Middle Initial)
Mailing Address 156 Prince Street, Apt 3d
City New York State NY Zip Code 10012
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Sales Executive Strategic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 17 / 2015
Transaction ID : C3037078
Amount of Each Receipt this Period 70.00
* Payroll Deduction: Biweekly

B. Andrew J Sussman
Full Name (Last, First, Middle Initial)
Mailing Address 7 Donnelly Dr
City Dover State MA Zip Code 02030
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation SVP ACMO and Pres & COO MC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 10 / 2015
Transaction ID : C3032729
Amount of Each Receipt this Period 416.66
* Payroll Deduction: Monthly

C. Terry M Theresa
Full Name (Last, First, Middle Initial)
Mailing Address 533 Bossardsville Rd
City Stroudsburg State PA Zip Code 18360
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 17 / 2015
Transaction ID : C3037142
Amount of Each Receipt this Period 76.92
* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 563.58
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 65
	<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. Pawlik D Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 634 S. Dryden Place
City State Zip Code
Arlington Heights RI 60005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CVS Caremark VP Compliance
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C3032751
Amount of Each Receipt this Period
200.00
* Payroll Deduction: Monthly

B. Frank P Thrower
Full Name (Last, First, Middle Initial)
Mailing Address 760 Shipwatch Drive East
City State Zip Code
Jacksonville FL 32225
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Caremark, L.L.C Pharmacy Supervisor, Fld Mgmt
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
346.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C3033822
Amount of Each Receipt this Period
86.67
* Payroll Deduction: Monthly

C. Anna Umberto
Full Name (Last, First, Middle Initial)
Mailing Address 39 High Meadow Ct
City State Zip Code
Cranston RI 02921
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Vice President, Strategic Procurement
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C3034018
Amount of Each Receipt this Period
150.00
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....▶	436.67
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 65
	<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. David R Valois
Full Name (Last, First, Middle Initial)

Mailing Address 160 Middle Rd

City East Greenwich State RI Zip Code 02818

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

Name of Employer Caremark, L.L.C Occupation VP, Talent Acquisition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : C3032169

Amount of Each Receipt this Period **200.00**

* Payroll Deduction: Monthly

B. Ann Walker-Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 1100 S Barton St Apt. 296

City Arlington State VA Zip Code 22204

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

Name of Employer CVS Caremark Occupation Exec Advisor, Govt Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.72**

Date of Receipt **04 / 17 / 2015**

Transaction ID : C3037106

Amount of Each Receipt this Period **57.68**

* Payroll Deduction: Biweekly

C. Eric A Wan
Full Name (Last, First, Middle Initial)

Mailing Address 15704 Lac Lavon Dr

City Burnsville State MN Zip Code 55306

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

Name of Employer Caremark, L.L.C Occupation VP Member & Client Experience

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **04 / 17 / 2015**

Transaction ID : C3037135

Amount of Each Receipt this Period **115.38**

* Payroll Deduction: Biweekly

SUBTOTAL of Receipts This Page (optional)..... **373.06**

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 65
	<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. Lum M Wayne
Full Name (Last, First, Middle Initial)
Mailing Address 8200 Dear Run St
City Lenexa State KS Zip Code 66220
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033847
Amount of Each Receipt this Period **75.00**
* Payroll Deduction: Monthly

B. William Weldon
Full Name (Last, First, Middle Initial)
Mailing Address 1264 Lake Worth Ln
City North Palm Beach State FL Zip Code 33408-2905
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2016 Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : C2985731
Amount of Each Receipt this Period **5000.00**

C. Hanley H Wheeler
Full Name (Last, First, Middle Initial)
Mailing Address 10706 Club Chase
City Fishers State IN Zip Code 46038
FEC ID number of contributing federal political committee. **C**
Name of Employer Caremark, L.L.C Occupation SVP, Operations East Division
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032879
Amount of Each Receipt this Period **200.00**
* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....	5275.00
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 65
	<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 A Wiesenhahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Hinckley Road
 City Milton State MA Zip Code 02186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caremark, L.L.C. Occupation VP & Sr Legal Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3033269
 Amount of Each Receipt this Period **100.00**
 * Payroll Deduction: Monthly

B. Yates N William
 Full Name (Last, First, Middle Initial)
 Mailing Address 4250 St Claire Drive
 City Columbia State SC Zip Code 29206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Caremark Occupation Advisor Project Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : C3036900
 Amount of Each Receipt this Period **60.00**
 * Payroll Deduction: Biweekly

C. Kathleen Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Campus Drive
 City Florham Park State NJ Zip Code 07932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVS Health Occupation Head of Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C3032837
 Amount of Each Receipt this Period **200.00**
 * Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....	360.00
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 56 OF 65
	<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 2 Tiffany Road

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
CVS Caremark VP Market Intelligence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 17 / 2015
Transaction ID : **C3037145**

Amount of Each Receipt this Period
100.00

* Payroll Deduction: Biweekly

B. Clay O Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1253 Lake Trace Cove

City State Zip Code
Birmingham AL 35244

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

Name of Employer Occupation
Caremark, L.L.C VP Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
04 / 10 / 2015
Transaction ID : **C3033687**

Amount of Each Receipt this Period
120.00

* Payroll Deduction: Monthly

C. Southwell Yvonne
Full Name (Last, First, Middle Initial)

Mailing Address 6323 Valley View Lane

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Caremark, L.L.C VP Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
04 / 10 / 2015
Transaction ID : **C3033049**

Amount of Each Receipt this Period
77.00

* Payroll Deduction: Monthly

SUBTOTAL of Receipts This Page (optional).....	297.00
TOTAL This Period (last page this line number only).....	28713.54

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)

Grid for line numbers 21b through 30b with checkboxes. Line 29 is selected.

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...

NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Hughes

Mailing Address Senate Box 203007
543 PASC

City Harrisburg State PA Zip Code 17120-3007

Purpose of Disbursement Contributions to state candidates

Candidate Name Vincent Hughes

Office Sought: Senate (checked)
State: PA District: 07

Disbursement For: 2016
Primary (checked)
Other (specify)

Date of Disbursement

Date selection grid: 04 / 02 / 2015

Transaction ID : D166165

Amount of Each Disbursement this Period

Amount selection grid: 500.00

B. Citizens for Yudichak

Mailing Address 44 W Grand St

City Nanticoke State PA Zip Code 18634-3102

Purpose of Disbursement Contributions to state candidates

Candidate Name

Office Sought: Senate (checked)
State: District:

Disbursement For: 2016
Primary (checked)
Other (specify)

Date of Disbursement

Date selection grid: 04 / 02 / 2015

Transaction ID : D166164

Amount of Each Disbursement this Period

Amount selection grid: 1000.00

C. Friends of Frank Dermody

Mailing Address P.O. Box 274

City Tarentum State PA Zip Code 15084

Purpose of Disbursement Contributions to state candidates

Candidate Name

Office Sought: Senate (checked)
State: District:

Disbursement For: 2016
Primary (checked)
Other (specify)

Date of Disbursement

Date selection grid: 04 / 02 / 2015

Transaction ID : D166156

Amount of Each Disbursement this Period

Amount selection grid: 500.00

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

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

Amount selection grid: 2000.00

Amount selection grid: 500.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Friends of Bill Adolph

Mailing Address P.O. Box 303

City Springfield State PA Zip Code 19064

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166161

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Don White

Mailing Address PO Box 1056

City Glenside State PA Zip Code 19038

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166168

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Jake Corman

Mailing Address PO Box 13053

City Harrisburg State PA Zip Code 17110

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166172

Amount of Each Disbursement this Period

1500.00

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

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

3000.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Scarnati

Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166173

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mike Turzai

Mailing Address P.O. Box 721

City Wexford State PA Zip Code 15090

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House Senate President
State: PA District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166163

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. House Republican Campaign Committee

Mailing Address P O Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contributions to state committees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166153

Amount of Each Disbursement this Period

1000.00

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

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jay Costa for State Senate

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15211

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166166

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Deluca for Legislator

Mailing Address 115 Irvis Office Building, PO Box 115 PAIOB

City Harrisburg State PA Zip Code 17120-2032

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Anthony Deluca

Office Sought: House Senate President

State: PA District: 32

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166155

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rep. Bryan Cutler

Mailing Address 147A East Wing, PO Box 202100 PAEW

City Harrisburg State PA Zip Code 17120-2100

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House Senate President

State: PA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166160

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dave Reed

Mailing Address 145A East Wing, PO Box 202062
PAEW

City Harrisburg State PA Zip Code 17120-2062

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 62

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166162

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Rep. Florindo J. Fabrizio

Mailing Address 200 Irvis Office Building, PO Box
200 PAIOB

City Harrisburg State PA Zip Code 17120-2002

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166154

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rep. Gene D. DiGirolamo

Mailing Address 49 East Wing, PO Box 202018
49 PAEW

City Harrisburg State PA Zip Code 17120-2018

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166158

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Rep. Joseph F. Markosek

Mailing Address 314 Irvis Office Building, PO Box
314 PAIOB

City Harrisburg State PA Zip Code 17120-2025

Purpose of Disbursement
Contributions to state candidates

Candidate Name
Joseph Markosek

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2015

Transaction ID : D166149

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rep. Matthew E. Baker

Mailing Address 60 American Street

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 68

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2015

Transaction ID : D166159

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rep. Tina Pickett

Mailing Address 211 Ryan Office Building, PO Box 2
211 PARLOB

City Harrisburg State PA Zip Code 17120-2110

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2015

Transaction ID : D166157

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Rosemary Brown for State Rep

Mailing Address PO Box 17

City Tannersville State PA Zip Code 18372

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166152

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sen. John R. Gordner

Mailing Address Senate Box 203027
351 PASC

City Harrisburg State PA Zip Code 17120-3027

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166170

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sen. Patrick Browne

Mailing Address Senate Box 203016
171 PASC

City Harrisburg State PA Zip Code 17120-3016

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166171

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Sen. Robert M. Tomlinson

Mailing Address Senate Box 203006
362 PASC

City Harrisburg State PA Zip Code 17120-3006

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166167

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Senate Republican Campaign Committee

Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166151

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tom Wolf for Governor

Mailing Address PO Box 22454

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : D166150

Amount of Each Disbursement this Period

2000.00

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

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Voters to Elect Vance

Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contributions to state candidates

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : D166169

Amount of Each Disbursement this Period

500.00

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

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

500.00

20000.00