

# 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

Check if different than previously reported. (ACC) Suite 700

Washington DC 20004

2. **FEC IDENTIFICATION NUMBER ▼** C C00384818 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input checked="" type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2015

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

Type or Print Name of Treasurer Heather A Cutler

Signature of Treasurer Heather A Cutler *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 06 / 29 / 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="165364.30"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36299.89"/>	<input type="text" value="188867.39"/>
(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="201664.19"/>	<input type="text" value="346784.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20000.00"/>	<input type="text" value="165120.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="181664.19"/>	<input type="text" value="181664.19"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

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).....	29416.92	125755.59
(ii) Unitemized .....	6882.97	63111.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36299.89	188867.39
(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) .....	36299.89	188867.39
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))..... ▶	36299.89	188867.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36299.89	188867.39

**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.....	20000.00	143000.00
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 .....	0.00	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	165120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	165120.00

**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) .....	36299.89	188867.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36299.89	188747.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 87
	<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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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. Kingman Adriane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1209 E Cottonwood Lane  
 City Phoenix State AZ Zip Code 85048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Sr Advisor Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **211.53**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3033074**  
 Amount of Each Receipt this Period **57.69**  
 \* Payroll Deduction: Biweekly

**B. Lotvin Alan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sylvan Wy  
 City Hopkinton State RI Zip Code 01748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation EVP Specialty  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2083.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033931**  
 Amount of Each Receipt this Period **416.66**  
 \* Payroll Deduction: Monthly

**C. Dowling M Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5488 Royal Brook  
 City York Township State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033894**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>516.02</b>
<b>TOTAL</b> 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 7 OF 87
	(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. Dixon Amanda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29796 E 74th St S  
City Broken Arrow State OK Zip Code 74014-5468  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation PIC/Team Leader FT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031818**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

**B. Virdee Amritpal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8680 Southwick Dr  
City Dublin State CA Zip Code 94568-1084  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Pharmacy Supervisor, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032777**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

**C. Mackey C Andre**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3274 Kensington Road  
City Avondale Estates State GA Zip Code 30002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Staff Pharmacist FT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3033669**  
Amount of Each Receipt this Period **60.00**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **143.34**  
**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 8 OF 87
	<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) <b>A. Patterson Angela</b>		Date of Receipt 05 / 12 / 2015 <b>Transaction ID : C3033936</b>
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	
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) <b>B. Puopolo Ann Louise</b>		Date of Receipt 05 / 12 / 2015 <b>Transaction ID : C3032825</b>
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Lora L Armstrong</b>		Date of Receipt 05 / 29 / 2015 <b>Transaction ID : C3033084</b>
Mailing Address 125 Willow Blvd		Amount of Each Receipt this Period 115.38
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
		* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	465.38
<b>TOTAL</b> 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 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Mike J Ayotte**

Mailing Address 14512 Sailview Court

City Midlothian State VA Zip Code 23112

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

Name of Employer Caremark, L.L.C Occupation Sr Director, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032944**

Amount of Each Receipt this Period  
**45.00**

\* Payroll Deduction: Monthly

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

Mailing Address 41 Birchwood Dr

City Greenwich State CT Zip Code 06831-3311

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

Name of Employer CVS Health Occupation EVP Health Plans

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031583**

Amount of Each Receipt this Period  
**333.33**

\* Payroll Deduction: Monthly

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

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 ▼ **623.07**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3031597**

Amount of Each Receipt this Period  
**207.69**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>586.02</b>
<b>TOTAL</b> 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 87
	<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 **1666.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031592**  
Amount of Each Receipt this Period **333.33**  
\* Payroll Deduction: Monthly

**B. John G Barron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 147 N Quinsigamond Ave  
City Shrewsbury State MA Zip Code 01545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C. Occupation VP Digital Planning and Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033278**  
Amount of Each Receipt this Period **62.50**  
\* Payroll Deduction: Monthly

**C. Scott Baumbach**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1658 Paulson Way  
City Napa State CA Zip Code 94558-1627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation District Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **216.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031628**  
Amount of Each Receipt this Period **43.33**  
\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>439.16</b>
<b>TOTAL</b> 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 87
	<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. 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 ▼  
**317.24**

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : C3031624**

Amount of Each Receipt this Period  
**86.52**

\* Payroll Deduction: Biweekly

**B. Sprows K Benjamin**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Regina Drive

City Cranston State RI Zip Code 02921

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

Name of Employer Caremark, L.L.C Occupation Sr. Manager Inventory Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**208.35**

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : C3033242**

Amount of Each Receipt this Period  
**41.67**

\* Payroll Deduction: Monthly

**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 ▼  
**800.00**

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : C3031645**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **328.19**

**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 87
	<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 **270.85**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033544**  
Amount of Each Receipt this Period **54.17**  
\* Payroll Deduction: Monthly

**B. 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 **416.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033845**  
Amount of Each Receipt this Period **83.33**  
\* Payroll Deduction: Monthly

**C. 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 **1250.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031694**  
Amount of Each Receipt this Period **250.00**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **387.50**  
**TOTAL** This Period (last page this line number only).....

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

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

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

NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Diane Bourque</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3034015</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 62.50
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Sr. Director - Retail Pharmacy Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Mearns Brian</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3033882</b>
Mailing Address 2 Ocean Rise Dr		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Karen Brown</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3031698</b>
Mailing Address 50 PARK ROW W APT 906		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	462.50
<b>TOTAL</b> 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 87
	<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 **834.15**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033056**  
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 **605.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032102**  
Amount of Each Receipt this Period **165.00**  
\* Payroll Deduction: Biweekly

**C. Cook C Bryan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10252 Hunt Club Ln  
City Palm Beach Gardens State FL Zip Code 33418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Regional Dir Real Estate  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032905**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **373.50**  
**TOTAL** This Period (last page this line number only).....

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

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

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael W buckless**

Mailing Address One Bergen Court

City Marilton 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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032861**

Amount of Each Receipt this Period  
**100.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. John M Buckley**

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 ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032869**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Monthly

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

Mailing Address 12964 W Eagle Ridge Lane

City Peoria State IL Zip Code 85383

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

Name of Employer Caremark, L.L.C Occupation Sr Advisor Medicare Srvcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **847.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033596**

Amount of Each Receipt this Period  
**231.00**

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **481.00**

**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 16 OF 87
	<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 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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033876**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

**B. 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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031729**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Monthly

**C. 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 ▼ **259.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033842**

Amount of Each Receipt this Period  
**28.85**

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **378.85**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 87
	<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 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 **1000.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033283**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

**B. 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 **500.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031984**  
Amount of Each Receipt this Period **100.00**  
\* Payroll Deduction: Monthly

**C. Byron A Cheryl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 East Waterside #2710  
City Chicago State IL Zip Code 60601  
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 **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032935**  
Amount of Each Receipt this Period **60.00**  
\* Payroll Deduction: Biweekly

**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 18 OF 87
	<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) <b>A. Nancy R Christal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3031737</b>
Mailing Address 15 Rockinghorse Tr		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Keith Christensen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3034079</b>
Mailing Address 33 Connors Farm Drive		Amount of Each Receipt this Period 62.50
City Smithfield	State RI	Zip Code 02917
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Sr. Director, HRSS Governance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Cox L Christopher</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3031788</b>
Mailing Address 25 Plymouth Road		Amount of Each Receipt this Period 166.66
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	479.16
<b>TOTAL</b> 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 87
	<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. Kidd D Christopher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 843 W Adams St #604

City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation Sr Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>220.00</b>	

Date of Receipt  
**05 / 29 / 2015**  
**Transaction ID : C3032608**

Amount of Each Receipt this Period  
**60.00**

\* Payroll Deduction: Biweekly

**B. Garmon K Christy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 170 Noahs Dr

City Pell City	State AL	Zip Code 35128
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation Pharmacy Supervisor, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>208.35</b>	

Date of Receipt  
**05 / 12 / 2015**  
**Transaction ID : C3033891**

Amount of Each Receipt this Period  
**41.67**

\* Payroll Deduction: Monthly

**C. 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. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation SVP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1042.50</b>	

Date of Receipt  
**05 / 12 / 2015**  
**Transaction ID : C3033873**

Amount of Each Receipt this Period  
**208.50**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>310.17</b>
<b>TOTAL</b> 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 87
	<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 **1000.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032012**  
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 **312.45**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C303274**  
Amount of Each Receipt this Period **62.49**  
\* Payroll Deduction: Monthly

**C. Medina M Cristina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10367 Sw 118 St  
City Miami State FL Zip Code 33176  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Mgr, Prof & College Relations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033807**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **304.15**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<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. Heather A Cutler**

Mailing Address 1800 South Lynn Street

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation  
Caremark, L.L.C. Exec Advisor, Govt Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**317.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**  
**Transaction ID : C3031786**

Amount of Each Receipt this Period  
**86.52**

\* Payroll Deduction: Biweekly

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

Mailing Address 11403 Orazio Drive

City State Zip Code  
Las Vegas NV 89138

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

Name of Employer Occupation  
Caremark, L.L.C. Dir Pharmacy Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**  
**Transaction ID : C3033027**

Amount of Each Receipt this Period  
**60.00**

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)  
**C. Cole li F Darrell**

Mailing Address 1274 Harmony Trail W

City State Zip Code  
Greenfield IN 46140

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 ▼  
**208.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**  
**Transaction ID : C3031756**

Amount of Each Receipt this Period  
**41.66**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>188.18</b>
<b>TOTAL</b> 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 87
	<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. Amita Dasmahapatra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Senior Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **288.50**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3031792**  
 Amount of Each Receipt this Period **86.55**  
 \* Payroll Deduction: Biweekly

**B. Falkowski David**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 178 Margery Ln  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031876**  
 Amount of Each Receipt this Period **200.00**  
 \* Payroll Deduction: Monthly

**C. Thomas G Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Hines Farm Drive  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP, Pharmacy Professional Serv  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033155**  
 Amount of Each Receipt this Period **41.66**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>328.21</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 87
	<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. Connell-Deleuw Debra**  
Full Name (Last, First, Middle Initial)

Mailing Address 5326 W Waltann Ln

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033041**

Amount of Each Receipt this Period  
**105.00**

\* Payroll Deduction: Biweekly

**B. 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 ▼ **634.59**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3034057**

Amount of Each Receipt this Period  
**173.07**

\* Payroll Deduction: Biweekly

**C. 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 ▼ **288.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3034021**

Amount of Each Receipt this Period  
**86.55**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>364.62</b>
<b>TOTAL</b> 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 87
	<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. 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 **1041.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031829**  
 Amount of Each Receipt this Period **208.33**  
 \* Payroll Deduction: Monthly

**B. Dwyer Diane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6711 Corte Santa Maria  
 City Pleasanton State CA Zip Code 94566-8612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033978**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

**C. Hassell-Latham M Diane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17185 120th Street  
 City Live Oak State FL Zip Code 32060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3031999**  
 Amount of Each Receipt this Period **60.00**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>310.00</b>
<b>TOTAL</b> 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 87
	<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) <b>A. Reynolds M Dina</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3033624</b>
Mailing Address 7743 Fair Oaks Pkwy		Amount of Each Receipt this Period 105.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Talke W Dixi</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3032217</b>
Mailing Address 172 West Hartford Ave		Amount of Each Receipt this Period 50.00
City Uxbridge	State MA	Zip Code 01569
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Manager III, Log Ops Prc & Tec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. James M Dixon</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3033061</b>
Mailing Address 305 Blackthorn Drive		Amount of Each Receipt this Period 235.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.00	* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> 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 87
	<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. Leonard M Donald**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 Deer Run Lane

City Lexington State NC Zip Code 27292

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 ▼ **208.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033659**

Amount of Each Receipt this Period  
**41.67**

\* Payroll Deduction: Monthly

**B. 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 ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031859**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

**C. 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 ▼ **317.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033742**

Amount of Each Receipt this Period  
**86.55**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>328.22</b>
<b>TOTAL</b> 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 27 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Boone H Eileen</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3031662</b>
Mailing Address 5 Little Lane			Amount of Each Receipt this Period 100.00
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 & Commy Rel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
			* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Tansey Eimile</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 29 / 2015 <b>Transaction ID : C3033858</b>
Mailing Address 1099 Ridgewood Dr			Amount of Each Receipt this Period 86.55
City Highland Park	State IL	Zip Code 60035	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Director,HR Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.65		
			* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>C. Robitaille B Ellen</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 29 / 2015 <b>Transaction ID : C3032928</b>
Mailing Address 19 Adams St			Amount of Each Receipt this Period 63.00
City Medfield	State MA	Zip Code 02052	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Dir Strategic Accounts IC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00		
			* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.55
<b>TOTAL</b> 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 87
	<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) <b>A. Patricia M Engstrom</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3033619</b>
Mailing Address 17374 W. King Canyon Dr			Amount of Each Receipt this Period 57.69
City Surprise	State AZ	Zip Code 85387	* Payroll Deduction: Biweekly
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Sr Advisor, Project Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53		

Full Name (Last, First, Middle Initial) <b>B. Perry F Ernest</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3033672</b>
Mailing Address 1000 Hilltop Road			Amount of Each Receipt this Period 60.00
City Watkinsville	State GA	Zip Code 30677	* Payroll Deduction: Biweekly
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Staff Pharmacist FT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. Brian Files</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3033906</b>
Mailing Address 850 John Carlyle St. Apt. 352			Amount of Each Receipt this Period 86.52
City Alexandria	State DC	Zip Code 22314	* Payroll Deduction: Biweekly
FEC ID number of contributing federal political committee. C			
Name of Employer CVS Caremark	Occupation Exec Advisor, Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.24		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.21
<b>TOTAL</b> 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 87
	<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) <b>A. Jon Fliss</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3034027</b>
Mailing Address 10 Stable Way		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Richard M Ford</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3031905</b>
Mailing Address 9180 Los Lagos Circle S		Amount of Each Receipt this Period 150.00
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: <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) <b>C. Berkowitz J Francis</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3031632</b>
Mailing Address 8906 Radford Court		Amount of Each Receipt this Period 41.66
City Sherrills Ford	State NC	Zip Code 28673
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation District Manager, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.66
<b>TOTAL</b> 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 87
	<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. 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 ▼ 385.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3033064**  
 Amount of Each Receipt this Period 105.00  
 \* 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 ▼ 433.36

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3033629**  
 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 ▼ 458.26

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3033122**  
 Amount of Each Receipt this Period 124.98  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	338.31
<b>TOTAL</b> 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 87
	<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. 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 ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2015  
**Transaction ID : C3031946**

Amount of Each Receipt this Period  
100.00

\* Payroll Deduction: Monthly

**B. Tohme M George**  
Full Name (Last, First, Middle Initial)

Mailing Address 54632 Isle Royale Ave

City State Zip Code  
Macomb Twp MI 48042

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 ▼  
208.35

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2015  
**Transaction ID : C3033823**

Amount of Each Receipt this Period  
41.67

\* Payroll Deduction: Monthly

**C. 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 ▼  
385.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2015  
**Transaction ID : C3032107**

Amount of Each Receipt this Period  
105.00

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	246.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. William F Grambley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 Virginia Ave  
 City North Attleboro State MA Zip Code 02763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Director II, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3033244**  
 Amount of Each Receipt this Period 62.50  
 \* Payroll Deduction: Monthly

**B. Cassin F Gregory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14177 Wayford Run  
 City Shelby Township State MI Zip Code 48315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3033694**  
 Amount of Each Receipt this Period 83.33  
 \* Payroll Deduction: Monthly

**C. Gierwielanec Gregory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9918 E. Larkspur  
 City Scottsdale State AZ Zip Code 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP FP&A Mail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3032991**  
 Amount of Each Receipt this Period 60.00  
 \* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.83  
**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 33 OF 87
	<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. Katheryn L Grosvenor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13429 E Desert Trail  
 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 Sales Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : C3032087**  
 Amount of Each Receipt this Period  
 57.69  
 \* Payroll Deduction: Biweekly

**B. Tracy Grunfeld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation VP, Product Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : C3034034**  
 Amount of Each Receipt this Period  
 200.00  
 \* Payroll Deduction: Monthly

**C. 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 ▼ 634.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : C3033011**  
 Amount of Each Receipt this Period  
 173.07  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.76
<b>TOTAL</b> 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 87
<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) <b>A. Devlin A Heidi</b>		Date of Receipt 05 / 12 / 2015 <b>Transaction ID : C3032884</b>
Mailing Address 66 Jefferson Rd		Amount of Each Receipt this Period 100.00
City Franklin	State MA	Zip Code 02038
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation VP, Advertising	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Foulkes B Helena</b>		Date of Receipt 05 / 12 / 2015 <b>Transaction ID : C3031908</b>
Mailing Address 120 Brown St.		Amount of Each Receipt this Period 416.66
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation EVP & Chief HC Strategy & Mktg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Courtney Herring</b>		Date of Receipt 05 / 29 / 2015 <b>Transaction ID : C3034009</b>
Mailing Address 1300 I Street, NW Suite 525W		Amount of Each Receipt this Period 86.52
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CVS Caremark	Occupation State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.24	* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	603.18
<b>TOTAL</b> 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 35 OF 87
	(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. Allen K Horne**  
Full Name (Last, First, Middle Initial)

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 ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3032025**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Biweekly

**B. 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 ▼ **333.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032173**

Amount of Each Receipt this Period  
**83.33**

\* Payroll Deduction: Monthly

**C. Gierat E Jack**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 W. Delaware Place, 15j

City Chicago State IL Zip Code 60610

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3031966**

Amount of Each Receipt this Period  
**60.00**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>293.33</b>
<b>TOTAL</b> 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 87
	<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. Collins M James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19359 Saratoga Trail

City Strongsville	State OH	Zip Code 44136
----------------------	-------------	-------------------

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 ▼  
208.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : C3033771**

Amount of Each Receipt this Period  
41.66

\* Payroll Deduction: Monthly

**B. Greer T James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3357 Spruce Lane

City Grapevine	State TX	Zip Code 76051
-------------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation Director,FLD Loss Prevention
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : C3032546**

Amount of Each Receipt this Period  
41.67

\* Payroll Deduction: Monthly

**C. 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 ▼  
1015.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : C3032077**

Amount of Each Receipt this Period  
276.90

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.23
<b>TOTAL</b> 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 87
	<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. Margiotta C James**

Mailing Address 6813 David Lane

City State Zip Code  
Colleyville TX 76034

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**834.15**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032109**

Amount of Each Receipt this Period  
**166.83**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. Murray D James**

Mailing Address 30 Spartan Arrow Rd

City State Zip Code  
Littleton MA 01460

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

Name of Employer Occupation  
Caremark, L.L.C MC, VP IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033879**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**C. Scozzari S James**

Mailing Address 21724 Hammock Point Drive

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Caremark, L.L.C District Mgr Licensed, Fld Mgt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**208.30**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032683**

Amount of Each Receipt this Period  
**41.66**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>408.49</b>
<b>TOTAL</b> 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 87
<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. Lindas L Jason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1233 Goldfinch Lane  
City Antioch State IL Zip Code 60002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Director, Impact Analysis  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3033078**  
Amount of Each Receipt this Period **60.00**  
\* Payroll Deduction: Biweekly

**B. Lohmeyer S Jason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 Sycamore Road  
City Barrington State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Director, FP&A Specialty  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3033608**  
Amount of Each Receipt this Period **60.00**  
\* Payroll Deduction: Biweekly

**C. Vipond A Jeff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2573 Canal Drive  
City Lodi State CA Zip Code 95242  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032680**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **161.66**  
**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 87
<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. Hammond N Jeffrey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19122 Timber Reach Rd  
City Tampa State FL Zip Code 33647  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033701**  
Amount of Each Receipt this Period **41.66**  
\* 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 **400.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033017**  
Amount of Each Receipt this Period **80.00**  
\* Payroll Deduction: Monthly

**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 **416.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032634**  
Amount of Each Receipt this Period **83.33**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **204.99**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 87
	<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. Powers Jennifer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7441 Bob O'Link Way  
City Port Saint Lucie State FL Zip Code 34986  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **433.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032517**  
Amount of Each Receipt this Period **86.67**  
\* Payroll Deduction: Monthly

**B. Rudell M Jennifer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8277 Polo Trail Place  
City West Chester State OH Zip Code 45069  
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 **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033827**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

**C. Candace P Jodice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 518 Gilbert St  
City Mansfield State MA Zip Code 02048-2669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Sr Director,H&W Benefits  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **312.50**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032286**  
Amount of Each Receipt this Period **62.50**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **190.84**  
**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 41 OF 87
	<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. Culbreth R John**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Creedmoor Dr  
City Greer State NC Zip Code 29650  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033192**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. Roberts C Jonathan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 455 Hunter Crossing  
City East Greenwich State RI Zip Code 02818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation President, CVS CMK Pharm Svc  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2083.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032881**  
Amount of Each Receipt this Period **416.66**  
\* Payroll Deduction: Monthly

**C. 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 **750.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033158**  
Amount of Each Receipt this Period **150.00**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **608.32**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 87
	<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. Farrar M Joseph**  
Full Name (Last, First, Middle Initial)

Mailing Address 1019 northoak drive

City Walnut creek State MO Zip Code 94598

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

Name of Employer Caremark, L.L.C Occupation Mgr, Prof & College Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031889**

Amount of Each Receipt this Period  
**41.66**

\* 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 ▼ **2083.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031919**

Amount of Each Receipt this Period  
**416.67**

\* Payroll Deduction: Monthly

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

Mailing Address 9329 E Star Hill Trail

City Lone Tree State CO Zip Code 80124

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

Name of Employer Caremark, L.L.C Occupation VP Sales Specialty PBM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3031937**

Amount of Each Receipt this Period  
**62.49**

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **520.82**

**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 87
	<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) <b>A. Haas Jr J Joseph</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032540</b>
Mailing Address 12267 Carberry Ln		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Flum M Joshua</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032908</b>
Mailing Address 7 Summer Heights Drive		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Sansone S Judith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032145</b>
Mailing Address 80 Kasey Court		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.33
<b>TOTAL</b> 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 44 OF 87
	(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. Sheer D Julie**  
Full Name (Last, First, Middle Initial)

Mailing Address 14845 Iron Horse Way

City Helotes State TX Zip Code 78023

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033038**

Amount of Each Receipt this Period  
**86.55**

\* Payroll Deduction: Biweekly

**B. 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 ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033941**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

**C. Thompson S Karen**  
Full Name (Last, First, Middle Initial)

Mailing Address 3088 Covenant Cove Drive

City Jacksonville State FL Zip Code 32224

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

Name of Employer Caremark, L.L.C Occupation Advisor Field Support

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033710**

Amount of Each Receipt this Period  
**60.00**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>346.55</b>
<b>TOTAL</b> 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 87
	<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. Fowler C Kathryn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Williamsburg Drive  
 City State Zip Code  
 Gulf Breeze FL 32561  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : C3033558**  
 Amount of Each Receipt this Period  
 50.00  
 \* Payroll Deduction: Monthly

**B. Shafer Kay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6635 North 36th Street  
 City State Zip Code  
 Phoenix AZ 85018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C VP Account Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 858.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : C3032963**  
 Amount of Each Receipt this Period  
 234.00  
 \* Payroll Deduction: Biweekly

**C. Czarnecki R Ken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7803 Purdue Street  
 City State Zip Code  
 Dallas TX 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C SVP Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1083.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : C3032955**  
 Amount of Each Receipt this Period  
 216.67  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.67
<b>TOTAL</b> 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 87
	<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. Andrew P Kiler**  
Full Name (Last, First, Middle Initial)

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 ▼ **458.37**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : C3033656**

Amount of Each Receipt this Period **125.01**

\* Payroll Deduction: Biweekly

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

Mailing Address 10260 E Whitefeather 2053

City Scottsdale State AZ Zip Code 85262

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

Name of Employer CVS Caremark Occupation VP, Medicare Health Plan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt **05 / 12 / 2015**

**Transaction ID : C3033928**

Amount of Each Receipt this Period **82.00**

\* Payroll Deduction: Monthly

**C. Jeffrey R Knudson**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Laurel Wood Drive

City East Greenwich State RI Zip Code 02818

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

Name of Employer Caremark, L.L.C Occupation Vice President Finance and Retail Cont

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.36**

Date of Receipt **05 / 12 / 2015**

**Transaction ID : C3032816**

Amount of Each Receipt this Period **208.33**

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **415.34**

**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 47 OF 87
	<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. Jeff W Koelsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8728 Plymouth Rd  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **317.35**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032996**  
 Amount of Each Receipt this Period **86.55**  
 \* Payroll Deduction: Biweekly

**B. Emmanuel Kolady**  
 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 Region Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3034030**  
 Amount of Each Receipt this Period **50.00**  
 \* Payroll Deduction: Monthly

**C. Mary Langowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 523 12th Street, NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **333.33**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3034073**  
 Amount of Each Receipt this Period **333.33**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>469.88</b>
<b>TOTAL</b> 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 87
	<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. Alaimo C Larry**

Mailing Address 15141 Azra Drive

City Odessa State FL Zip Code 33556

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 ▼ **208.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033830**

Amount of Each Receipt this Period  
**41.67**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. John M Lavin**

Mailing Address 10505 E. Cactus Road

City Scottsdale State AZ Zip Code 85259

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032038**

Amount of Each Receipt this Period  
**125.00**

\* Payroll Deduction: Monthly

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

Mailing Address 10 W Cushing St

City Providence State MA Zip Code 02906

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2083.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033180**

Amount of Each Receipt this Period  
**416.66**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>583.33</b>
<b>TOTAL</b> 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 87
	<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. Gary Loeber**  
Full Name (Last, First, Middle Initial)

Mailing Address 10027 Bluff Rd

City Eden Prairie State MN Zip Code 55347

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

Name of Employer CVS Health Occupation SVP Trade Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033920**

Amount of Each Receipt this Period  
**125.00**

\* Payroll Deduction: Monthly

**B. 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032272**

Amount of Each Receipt this Period  
**100.00**

\* Payroll Deduction: Monthly

**C. 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 ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033069**

Amount of Each Receipt this Period  
**105.00**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>330.00</b>
<b>TOTAL</b> 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 50 OF 87 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. Robles L Maria**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5187 Chesney Glen Dr  
City Castro Valley State CA Zip Code 94552  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032654**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. 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 **507.65**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032082**  
Amount of Each Receipt this Period **138.45**  
\* Payroll Deduction: Biweekly

**C. Olga Matlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2211 Sanders Road  
City Northbrook State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation Sr Director, Analytics  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.88**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032815**  
Amount of Each Receipt this Period **86.52**  
\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>266.63</b>
<b>TOTAL</b> 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 51 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Leonard J Matthew</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3032873</b>
Mailing Address 119 Kettlepond Dr		Amount of Each Receipt this Period 250.00
City S Kingstown	State RI	Zip Code 02879
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	Occupation EVP Pharma Contr, Purch & Ntwk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
		* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Colleen McIntosh</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3033953</b>
Mailing Address 87 Roselawn Road		Amount of Each Receipt this Period 250.00
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. C	Name of Employer CVS Caremark	Occupation SVP Asst General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
		* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Studzinski L Melissa</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3032257</b>
Mailing Address 125 Woodbury Street		Amount of Each Receipt this Period 166.67
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	Occupation Vice President, Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	
		* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.67
<b>TOTAL</b> 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 87
	<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) <b>A. Larry J Merlo</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032864</b>
Mailing Address 3 Clauson Court			Amount of Each Receipt this Period 416.66
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30		
			* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. King L Michael</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3033778</b>
Mailing Address 3809 Hanover Drive			Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		
			* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Mcenany F Michael</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032191</b>
Mailing Address 147 Benefit Street #3			Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
			* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	641.66
<b>TOTAL</b> 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 53 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Sarocka J Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15491 E Telegraph Dr  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Client Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3032965**  
 Amount of Each Receipt this Period 75.00  
 \* Payroll Deduction: Biweekly

**B. Driscoll M Michele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Old Orchard Road  
 City Sherborn State MA Zip Code 01770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP, Retail Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3031827**  
 Amount of Each Receipt this Period 50.00  
 \* Payroll Deduction: Monthly

**C. Lisa M Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Pear Tree Place  
 City Sewell State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.72

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3033428**  
 Amount of Each Receipt this Period 86.52  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.52
<b>TOTAL</b> 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 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. Hu Min**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4048 N Kenneth  
 City Chicago State IL Zip Code 60641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Analytics & Outcomes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : C3033100**  
 Amount of Each Receipt this Period 57.69  
 \* Payroll Deduction: Biweekly

**B. 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 ▼ 500.00

Date of Receipt  
 05 / 12 / 2015  
**Transaction ID : C3033145**  
 Amount of Each Receipt this Period 100.00  
 \* Payroll Deduction: Monthly

**C. Nicholas Monaco**  
 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 Caremark Occupation Senior Director, Program Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
 05 / 12 / 2015  
**Transaction ID : C3034004**  
 Amount of Each Receipt this Period 41.66  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	199.35
<b>TOTAL</b> 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 87
<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) <b>A. Thomas Moriarty</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3033911</b>
Mailing Address 41 Lake Rd		Amount of Each Receipt this Period 416.66
City Short Hills	State NJ	Zip Code 07078
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CVS Caremark	Occupation EVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Kevin L Murphy Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3033917</b>
Mailing Address 20 Narragansett Ave #503		Amount of Each Receipt this Period 250.00
City Narragansett	State RI	Zip Code 02882
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CVS Caremark	Occupation VP Infusion	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>c. Thomas C Myatt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032913</b>
Mailing Address 31 Cedarview Circle		Amount of Each Receipt this Period 62.50
City Milford	State MA	Zip Code 01757
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation Sr Director, IT Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	729.16
<b>TOTAL</b> 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 87
<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. 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 **333.32**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032125**  
 Amount of Each Receipt this Period **83.33**  
 \* Payroll Deduction: Monthly

**B. 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 **500.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033901**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Monthly

**C. Farrell Neva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Lakeview Dr  
 City Raymore State MO Zip Code 64083  
 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 **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031882**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 87
	<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. Smith K Norman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2402 North West 32nd St  
City Gainsville State FL Zip Code 32605  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032194**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. 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 **833.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032121**  
Amount of Each Receipt this Period **166.66**  
\* Payroll Deduction: Monthly

**C. 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 **423.06**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032857**  
Amount of Each Receipt this Period **115.38**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **323.70**  
**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 58 OF 87
	<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 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 ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : C3032833**

Amount of Each Receipt this Period  
 250.00

\* Payroll Deduction: Monthly

**B. Lawrence Parks**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Highland Corporate Drive

City Cumberland State RI Zip Code 02865

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

Name of Employer CVS Health Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : C3032827**

Amount of Each Receipt this Period  
 200.00

\* Payroll Deduction: Monthly

**C. Meier G Patricia**  
Full Name (Last, First, Middle Initial)

Mailing Address 3611 Trail End Road

City Burleson State TX Zip Code 76028

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

Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : C3032359**

Amount of Each Receipt this Period  
 69.21

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 519.21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. Ponczkowski L Patricia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 421 Brierhill  
 City Round Lake Park State IL Zip Code 60073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Membership Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032097**  
 Amount of Each Receipt this Period **60.00**  
 \* Payroll Deduction: Biweekly

**B. Stivender Paul**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Overbrook Road  
 City Birmingham State AL Zip Code 35213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP Facilities  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033091**  
 Amount of Each Receipt this Period **108.33**  
 \* Payroll Deduction: Monthly

**C. Harries Paula**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16800 El Lago Blvd # 2035 # 2035  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Marketing Research  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **259.65**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032130**  
 Amount of Each Receipt this Period **86.55**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>254.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 87
<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. Kathy Jo Payette**  
Full Name (Last, First, Middle Initial)  
Mailing Address 94 West St  
City East Greenwich State RI Zip Code 02818-3321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS CAREMARK CORPORATION Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3032915**  
Amount of Each Receipt this Period 200.00  
\* Payroll Deduction: Monthly

**B. Alejandro Perez-Tenessa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60a E Manning St  
City Providence State RI Zip Code 02906  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation VPMM  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 208.30

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3033950**  
Amount of Each Receipt this Period 41.66  
\* Payroll Deduction: Monthly

**C. Horn C Peter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10716 Camelot Dr  
City Frisco State TX Zip Code 75035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Mgr Implementations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3033731**  
Amount of Each Receipt this Period 60.00  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **301.66**  
**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 61 OF 87
	<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. Leo Phenix**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Driftwood Drive

City Barrington	State RI	Zip Code 02806
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FEC ID number of contributing federal political committee. **C**

Name of Employer CVS Caremark	Occupation Dir Marketing
----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : C3032821**

Amount of Each Receipt this Period  
57.69

\* Payroll Deduction: Biweekly

**B. 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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : C3032200**

Amount of Each Receipt this Period  
400.00

\* Payroll Deduction: Monthly

**C. Kenneth Plymale**  
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 District Manager
--------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : C3034031**

Amount of Each Receipt this Period  
50.00

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	507.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 87
	<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. 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 ▼ 1250.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3033933**  
Amount of Each Receipt this Period 250.00  
\* Payroll Deduction: Monthly

**B. 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 ▼ 333.36

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3032631**  
Amount of Each Receipt this Period 83.33  
\* Payroll Deduction: Monthly

**C. Hatfield Randall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6940 Wyndham Pointe Ln.  
City Knoxville State TN Zip Code 37931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation HR Business Partner I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3033014**  
Amount of Each Receipt this Period 41.66  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 374.99  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 87
	<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
-----------------------------	-----------------------------	-----------------------------

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) <b>A. Ancil Jr. C Richard</b>		Date of Receipt 05 / 12 / 2015 <b>Transaction ID : C3031566</b>
Mailing Address 9718 E. Celtic Dr		Amount of Each Receipt this Period 83.33
City Scottsdale	State AZ	Zip Code 85260
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	
Occupation Senior Manager, Marketing		* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) <b>B. Molchan D Richard</b>		Date of Receipt 05 / 12 / 2015 <b>Transaction ID : C3033290</b>
Mailing Address 48 Margery Lane		Amount of Each Receipt this Period 125.00
City Westwood	State MA	Zip Code 02090
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	
Occupation Vice President, Visual Merch		* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Richard J Riva</b>		Date of Receipt 05 / 29 / 2015 <b>Transaction ID : C3032998</b>
Mailing Address 2603 Aikin Circle North		Amount of Each Receipt this Period 375.00
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	
Occupation VP Sales		* Payroll Deduction: Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 87
	<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. Brauer C Robert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Sheffield Court  
City Hackettstown State NJ Zip Code 07840  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031670**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. Marcello T Robert**  
Full Name (Last, First, Middle Initial)  
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 **400.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032890**  
Amount of Each Receipt this Period **80.00**  
\* Payroll Deduction: Monthly

**C. Schmidt W Robert**  
Full Name (Last, First, Middle Initial)  
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 **416.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032696**  
Amount of Each Receipt this Period **83.33**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **204.99**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 87
	<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. Francis Roger**

Mailing Address 7 Val Jean

City Greenville State MI Zip Code 02828

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033783**

Amount of Each Receipt this Period  
**50.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **317.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033604**

Amount of Each Receipt this Period  
**86.52**

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)  
**C. Link E Ronald**

Mailing Address 90 Watch Hill

City East Greenwich State RI Zip Code 02818

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031987**

Amount of Each Receipt this Period  
**180.00**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>316.52</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 87
	<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. Jamesmeyer M Ronda**  
Full Name (Last, First, Middle Initial)

Mailing Address 2733 Lakeridge Ln

City State Zip Code  
Carrollton TX 75006

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

Name of Employer Occupation  
Caremark, L.L.C Dir Eligibility Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : C3033030**

Amount of Each Receipt this Period  
60.00

\* Payroll Deduction: Biweekly

**B. Camacho Rui Rui Manuel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4682 Sierrawood Ln

City State Zip Code  
Pleasanton CA 94588-4358

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

Name of Employer Occupation  
CVS Health District Manager, Fld Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : C3031710**

Amount of Each Receipt this Period  
83.33

\* Payroll Deduction: Monthly

**C. Dossey R Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Park Row W Apt 804

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
Caremark, L.L.C VP, Visual Merchandising

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : C3031823**

Amount of Each Receipt this Period  
200.00

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	343.33
<b>TOTAL</b> 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 67 OF 87
	(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. Williams L Sabrina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 W Via Vista  
 City Phoenix State AZ Zip Code 85086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Account Management  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032970**  
 Amount of Each Receipt this Period **150.00**  
 \* Payroll Deduction: Biweekly

**B. Finley Sara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 509 Close Lane  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP, Legal Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **433.34**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031899**  
 Amount of Each Receipt this Period **216.67**  
 \* Payroll Deduction: Monthly

**C. MICHAEL D SARGENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Schooner Ridge Rd  
 City Portland State ME Zip Code 04110-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS CAREMARK CORPORATION Occupation GOVERNMENT AFFAIRS DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032918**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>408.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. Marissa Schlaifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 N. Stuart St. #400  
 #400  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation Sr Director, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 738.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : C3032769**  
 Amount of Each Receipt this Period  
 276.90  
 \* Payroll Deduction: Biweekly

**B. 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 ▼ 312.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : C3032181**  
 Amount of Each Receipt this Period  
 62.50  
 \* Payroll Deduction: Monthly

**C. Bond G Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Versailles Court  
 City Southlake State TX Zip Code 76092  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : C3032961**  
 Amount of Each Receipt this Period  
 75.00  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	414.40
<b>TOTAL</b> 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 69 OF 87
	<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. Mcelfresh D Scott**

Mailing Address 6 Coventry Ln

City Oxford State CT Zip Code 06478

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3032698**

Amount of Each Receipt this Period  
**50.00**

\* Payroll Deduction: Monthly

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

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer CVS Health Occupation Sr. Director, IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3034062**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Biweekly

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

Mailing Address 638 Ivywood Dr

City Tallmadge State OH Zip Code 44278

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033810**

Amount of Each Receipt this Period  
**83.33**

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **283.33**

**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 70 OF 87
	<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. Edge R Shelly**

Mailing Address 528 Barber Loop

City State Zip Code  
Mooresville GA 28117

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 ▼  
**416.65**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3031850**

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 State Zip Code  
Irwin PA 15642

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**317.24**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033126**

Amount of Each Receipt this Period  
**86.52**

\* Payroll Deduction: Biweekly

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

Mailing Address 4801 Langdrum Lane

City State Zip Code  
Chevy Chase RI 20815

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

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

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  
**05 / 12 / 2015**

**Transaction ID : C3033952**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>319.85</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. Peter D Simmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Daffodil Ln  
 City Medway State MA Zip Code 02053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C. Occupation VP Product Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033293**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Monthly

**B. Jeffrey Sinko**  
 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3034065**  
 Amount of Each Receipt this Period **250.00**  
 \* Payroll Deduction: Monthly

**C. Gold Stephen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Jonathan Smith Rd  
 City Morristown State RI Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation SVP & CIO, CVS CMK  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2083.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033909**  
 Amount of Each Receipt this Period **416.66**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>766.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 87
	<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. Haught F Stephen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5909 Tomlinson Dr.  
 City Mchenry State IL Zip Code 60050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3033008**  
 Amount of Each Receipt this Period 75.00  
 \* Payroll Deduction: Biweekly

**B. Heidenthal E Stephen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 183 Misty Meadow Ln  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : C3032239**  
 Amount of Each Receipt this Period 100.00  
 \* Payroll Deduction: Monthly

**C. Manning W Stephen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Berkeley Pl  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 29 / 2015  
**Transaction ID : C3032114**  
 Amount of Each Receipt this Period 115.38  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.38
<b>TOTAL</b> 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 73 OF 87
	<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. Rill T Stephen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1205 W Winchester Rd

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033089**

Amount of Each Receipt this Period  
**105.00**

\* Payroll Deduction: Biweekly

**B. 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 ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3032613**

Amount of Each Receipt this Period  
**105.00**

\* Payroll Deduction: Biweekly

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

Mailing Address 17 Sugar Hill Road

City Kinnelon State NJ Zip Code 07405

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : C3033096**

Amount of Each Receipt this Period  
**60.00**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 87
	<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) <b>A. Mcdonough C Susanne</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015
Mailing Address 6530 Hunting Creek Drive		<b>Transaction ID : C3033799</b>
City Liberty Township	State OH	Zip Code 45044
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.66	
Name of Employer Caremark, L.L.C	Occupation HR Business Partner I	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

Full Name (Last, First, Middle Initial) <b>B. Andrew J Sussman</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015
Mailing Address 7 Donnelly Dr		<b>Transaction ID : C3032733</b>
City Dover	State MA	Zip Code 02030
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.66	
Name of Employer Caremark, L.L.C	Occupation SVP ACMO and Pres & COO MC	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	

Full Name (Last, First, Middle Initial) <b>C. Verdis Tanya</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015
Mailing Address 91-1200 Keaunui Dr #17		<b>Transaction ID : C3032692</b>
City Ewa Beach	State HI	Zip Code 96706
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.66	
Name of Employer Caremark, L.L.C	Occupation District Manager, Fld Mgmt	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 87
	<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. 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 **423.06**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3033641**  
Amount of Each Receipt this Period **115.38**  
\* Payroll Deduction: Biweekly

**B. Gibbons J Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1149 Tillinghast Road  
City East Greenwich State AZ Zip Code 02818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation SVP Third Party Reimbursement  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **216.65**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031961**  
Amount of Each Receipt this Period **43.33**  
\* Payroll Deduction: Monthly

**C. Godfrey E Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6243 E Wilshire Dr  
City Scottsdale State AZ Zip Code 85257  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Dir Sales Ops  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3033019**  
Amount of Each Receipt this Period **60.00**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **218.71**  
**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:	PAGE 76 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

**A. Maryanski D Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 617 Restoration Drive  
City Birmingham State TN Zip Code 35226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Customer Care  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **211.53**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032059**  
Amount of Each Receipt this Period **57.69**  
\* Payroll Deduction: Biweekly

**B. Pawlik D Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 634 S. Dryden Place  
City Arlington Heights State RI Zip Code 60005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation VP Compliance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032750**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

**C. Frank P Thrower**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 Shipwatch Drive East  
City Jacksonville State FL Zip Code 32225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **433.35**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033821**  
Amount of Each Receipt this Period **86.67**  
\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>344.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 87
	<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. Warren T Timothy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1022 Eagle Mountain Lane  
City Birmingham State GA Zip Code 35242  
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 **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033794**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. Sheer E Tommy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14845 Iron Horse Way  
City Helotes State TX Zip Code 78023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Region Pharmacy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032071**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: Monthly

**C. Fields R Tracy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2111 Antsla Sands  
City San Antonio State MO Zip Code 78251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Dir Client Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3031898**  
Amount of Each Receipt this Period **75.00**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **166.66**  
**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 78 OF 87
	<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. Tobin B Tracy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 526 Indian Paintbrush Dr.  
City Rockwall State TX Zip Code 75087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Field Training Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032214**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. Anna Umberto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 High Meadow Ct  
City Cranston State RI Zip Code 02921  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Vice President, Strategic Procurement  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3034017**  
Amount of Each Receipt this Period **150.00**  
\* Payroll Deduction: Monthly

**C. 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 **1000.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032168**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **391.66**  
**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 79 OF 87
	<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. Susan Vandersall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7015 St Ives Blvd  
City Hudson State OH Zip Code 44236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Sr Director, Talent Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033756**  
Amount of Each Receipt this Period **62.50**  
\* Payroll Deduction: Monthly

**B. Goad R Vernon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2290 Snowfall Ct  
City Odenton State MD Zip Code 21113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Marketing Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031985**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**C. Tworek T Virginia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 Mile Creek Lane  
City Chesapeake State VA Zip Code 23322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : C3032565**  
Amount of Each Receipt this Period **60.00**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **164.16**  
**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 80 OF 87
	<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) <b>A. Ann Walker-Jenkins</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3032760</b>
Mailing Address 1100 S Barton St Apt. 296		Amount of Each Receipt this Period 86.52
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.24	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Calvin Wasdyke</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3034077</b>
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, Pharmacy & Clinical Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Scott A Wasikowski</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3032637</b>
Mailing Address 11307 Walnut Creek Court		Amount of Each Receipt this Period 50.00
City Oakton	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Avp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	386.52
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 87
	<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 **375.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3032701**  
Amount of Each Receipt this Period **75.00**  
\* Payroll Deduction: Monthly

**B. 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 **1000.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3031996**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

**C. Carolyn A Wiesenbahn**  
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 **500.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : C3033268**  
Amount of Each Receipt this Period **100.00**  
\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>375.00</b>
<b>TOTAL</b> 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 82 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Baker William</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3031599</b>
Mailing Address 2070 Melrose Ave		Amount of Each Receipt this Period 41.67
City Iowa City	State IA	Zip Code 52246-1735
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Pharmacy Supervisor, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Jusko R William</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032008</b>
Mailing Address 2001 S MO Pac Expy Apt 222		Amount of Each Receipt this Period 41.67
City Austin	State TX	Zip Code 78746-7535
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation VP Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. West L William</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : C3032283</b>
Mailing Address 7903 Orion Circle 380e		Amount of Each Receipt this Period 41.66
City Laurel	State WV	Zip Code 20724
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation District Manager, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 87
	<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) <b>A. Yates N William</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3032020</b>
Mailing Address 4250 St Claire Drive		Amount of Each Receipt this Period 90.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Kathleen Williams</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : C3032836</b>
Mailing Address 200 Campus Drive		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Christopher Wilson</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C3032768</b>
Mailing Address 2 Tiffany Road		Amount of Each Receipt this Period 150.00
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C	Name of Employer CVS Caremark	Occupation VP Market Intelligence
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	440.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

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

Mailing Address 1253 Lake Trace Cove

City Birmingham State AL Zip Code 35244

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033686**

Amount of Each Receipt this Period  
**120.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. Erik Woehrmann**

Mailing Address 752 Merrill Ln

City Grayslake State IL Zip Code 60030

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

Name of Employer CVS Health Occupation Exec Advisor, Govt Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033925**

Amount of Each Receipt this Period  
**62.50**

\* Payroll Deduction: Monthly

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

Mailing Address 6323 Valley View Lane

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 VP Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : C3033048**

Amount of Each Receipt this Period  
**77.00**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>259.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>29416.92</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to elect Thom Tillis**

Mailing Address 17209 Green Dolphin Ln

City State Zip Code  
Cornelius NC 28031-7694

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 98

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2015

**Transaction ID : D166127**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Oceans PAC**

Mailing Address 607 14th Street NW  
Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : D166128**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ELECT BLAKE FARENTHOLD COMMITTEE**

Mailing Address P.O. BOX 3369

City State Zip Code  
CORPUS CHRISTI TX 78463

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Blake Farenthold**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : D166126**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

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

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

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Rep. Brett Guthrie**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166130**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RON JOHNSON FOR SENATE INC**

Mailing Address 219 E WASHINGTON AVE

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Sen. Ron Johnson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166129**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. The Cicilline Committee**

Mailing Address PO Box 9107

City Providence State RI Zip Code 02940-9107

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Rep. David Cicilline**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: RI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166136**

Amount of Each Disbursement this Period

4000.00

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

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

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CVS Health PAC**

Full Name (Last, First, Middle Initial)

**A. Volunteers for Shimkus**

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. John Shimkus**

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166131**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Wyden for Senate**

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166133**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166134**

Amount of Each Disbursement this Period

500.00

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

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

5000.00

20000.00