

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00384818 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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

5. Covering Period 04 / 01 / 2017 through 04 / 30 / 2017

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

Signature of Treasurer Hawxhurst, Laura, , , [Electronically Filed] Date 05 / 19 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="210543.71"/>	<input type="text" value="210543.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="139454.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35012.94"/>	<input type="text" value="144760.15"/>
(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="174467.21"/>	<input type="text" value="355303.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="192336.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="162967.21"/>	<input type="text" value="162967.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	26981.18	85578.62
(ii) Unitemized	8031.76	57681.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35012.94	143260.15
(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)	35012.94	143260.15
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	1500.00
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)).....▶	35012.94	144760.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35012.94	144760.15

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	11500.00	175500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	20.87
(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	20.87
29. Other Disbursements (Including Non-Federal Donations).....	0.00	16815.78
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	11500.00	192336.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	192336.65

DETAILED SUMMARY PAGE
of Disbursements

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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)	35012.94	143260.15
34. Total Contribution Refunds (from Line 28(d))	0.00	20.87
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35012.94	143239.28
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 83
	<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. Abbott, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Retail Pharmacy Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-334
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Armstrong, Lora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-636
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. Armstrong, Lora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-930
 Amount of Each Receipt this Period
 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	326.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 83
	<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. Bahl, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 George Washington Hwy
 City Lincoln State RI Zip Code 02865-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP Health Plans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.32

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-348
 Amount of Each Receipt this Period 333.33
 Memo Item

B. Bailey, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Specialty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 623.07

Date of Receipt **04 / 14 / 2017**
Transaction ID : 2017051017285-656
 Amount of Each Receipt this Period 69.23
 Memo Item

C. Bailey, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Specialty
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 623.07

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-950
 Amount of Each Receipt this Period 69.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 471.79
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Baker, Scott, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-349
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 333.33
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP, Head of Retail Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barone, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-326
Mailing Address 29100 Aurora Rd		Amount of Each Receipt this Period 250.00
City Solon	State OH	Zip Code 44139-1855
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Group Head, Health Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Barron, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-237
Mailing Address 1700 Highland Corporate Dr		Amount of Each Receipt this Period 62.50
City Cumberland	State RI	Zip Code 02864-1799
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Digital Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	645.83
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 9 OF 83
	<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. Bell, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Advisor,Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-616
 Amount of Each Receipt this Period
 28.84
 Memo Item

B. Bell, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Advisor,Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-910
 Amount of Each Receipt this Period
 28.84
 Memo Item

C. Best, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29100 Aurora Rd
 City Solon State OH Zip Code 44139-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Trade Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-266
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Betses, Dimitri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) EVP, Member SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-305
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Bisaccia, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) EVP, CVS Health & CHRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-355
 Amount of Each Receipt this Period
 416.66
 Memo Item

C. Bond, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 W John Carpenter Fwy Ste 1200
 City Irving State TX Zip Code 75039-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Health Plan
 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
 04 / 28 / 2017
Transaction ID : 2017051017285-906
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	641.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 83
	<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. Boone, Eileen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP, Corp Social Resp and Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-269
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Boratto, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP, CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-335
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Botsford, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP Human Resources CVS Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-294
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 83
	<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. Bourque, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Director,IT Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-238
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Brooks, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-622
 Amount of Each Receipt this Period 28.85
 Memo Item

C. Brooks, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-916
 Amount of Each Receipt this Period 28.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 120.20
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
	<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. Brown, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-308
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Brown, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP,Rx Ops Shared Svc LTC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-232
 Amount of Each Receipt this Period
 50.01
 Memo Item

C. Buckless, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-270
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 83
	<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. Buckley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Pharm & Clinical Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-290
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Burns, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Director, Materials Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-631
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Burns, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Director, Materials Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-925
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 83
	(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"/> 15
	<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. Casey, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) 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
04		12		2017

Transaction ID : 2017051017285-309

Amount of Each Receipt this Period
200.00

Memo Item

B. Casillas, Henry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) SVP, Field Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-295

Amount of Each Receipt this Period
150.00

Memo Item

C. Cassin, Gregory, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) Region Manager,Fld Mgmt
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-253

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Castel, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-310
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Christal, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Post Rd Ste 210
 City Scarsdale State NY Zip Code 10583-5024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-336
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Christensen, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 George Washington Hwy
 City Lincoln State RI Zip Code 02865-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Shared Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-239
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	512.50
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 17 OF 83
	<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. Clapsis, Antonios, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW
 Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Business Development BP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-284
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Cleveland, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Proposals & Client Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-267
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Coleman, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VPMM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-296
 Amount of Each Receipt this Period
 150.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 83
	<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. Cox, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Store Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-302
 Amount of Each Receipt this Period
 166.66
 Memo Item

B. Crisafulli, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-234
 Amount of Each Receipt this Period
 62.49
 Memo Item

C. Crisp, Florence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP,Legal Ent Litigation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-287
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	354.15
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 19 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Dakessian, Dikran, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-240
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 62.50
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Pharmacy Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dasmahapatra, Amita, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2017 Transaction ID : 2017051017285-623
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 28.85
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.65	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dasmahapatra, Amita, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2017 Transaction ID : 2017051017285-917
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 28.85
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 259.65	

SUBTOTAL of Receipts This Page (optional).....▶	120.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 83
	<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. De Nale, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-337
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dempsey, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Policy & Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-291
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Dennis, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Great Valley Blvd
 City Wilkes Barre State PA Zip Code 18706-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,PBM
 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
 04 / 14 / 2017
Transaction ID : 2017051017285-624
 Amount of Each Receipt this Period
 28.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	428.85
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 21 OF 83
	<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. Dennis, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Great Valley Blvd
 City Wilkes Barre State PA Zip Code 18706-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,PBM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-918
 Amount of Each Receipt this Period 28.85
 Memo Item

B. Denton, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) EVP & CFO, CVS Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-324
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Devaney, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Division Head,Aetna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-625
 Amount of Each Receipt this Period 28.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 83
	<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. Devaney, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Division Head,Aetna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-919
 Amount of Each Receipt this Period 28.85
 Memo Item

B. Devlin, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1026 Park East Dr
 City Woonsocket State RI Zip Code 02895-6181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Advertising
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-271
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Dixon, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-659
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.85
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:	PAGE 23 OF 83
	(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. Dixon, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-953
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Eaton, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Region Manager,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-254
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Eckman, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Director,Pricing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-248
 Amount of Each Receipt this Period
 65.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	228.33
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 24 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Edge, Shelly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) Region Manager,Fld Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-255

Amount of Each Receipt this Period
83.33

Memo Item

B. Erwin, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Allendale Rd

City King Of Prussia	State PA	Zip Code 19406-1418
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Clinical Svcs LTC
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-323

Amount of Each Receipt this Period
200.01

Memo Item

C. Evans, Rebecca, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) Exec Advisor,Communications
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-241

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.84
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:	PAGE 25 OF 83
	(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. Falkowski, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) SVP & Chief Compliance Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-338

Amount of Each Receipt this Period
250.00

Memo Item

B. Faudskar II, Arvid, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4121 E Cotton Center Blvd

City Phoenix	State AZ	Zip Code 85040-8849
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Clinical
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : 2017051017285-637

Amount of Each Receipt this Period
38.46

Memo Item

C. Faudskar II, Arvid, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4121 E Cotton Center Blvd

City Phoenix	State AZ	Zip Code 85040-8849
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Clinical
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : 2017051017285-931

Amount of Each Receipt this Period
38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	326.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 83
	<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. Feczko, Lucia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Rx Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-632
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. Feczko, Lucia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Rx Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-926
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. Fields, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6935 Alamo Downs Pkwy
 City San Antonio State TX Zip Code 78238-4519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Accounts IC
 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
 04 / 28 / 2017
Transaction ID : 2017051017285-907
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Finch, Ronald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2017
Mailing Address 11162 Renner Blvd		Transaction ID : 2017051017285-617
City Lenexa	State KS	Zip Code 66219-9621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.84
Name of Employer (for Individual) CVS Health	Occupation (for Individual) GM Specialty Pharmacy Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.56	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Finch, Ronald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2017
Mailing Address 11162 Renner Blvd		Transaction ID : 2017051017285-911
City Lenexa	State KS	Zip Code 66219-9621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.84
Name of Employer (for Individual) CVS Health	Occupation (for Individual) GM Specialty Pharmacy Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.56	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fiorini, Lloyd, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 2211 Sanders Rd		Transaction ID : 2017051017285-297
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP & Sr Legal Counsel	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	207.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Fitzgerald, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Director,HR Bus Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-242
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Flum, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) EVP,Corp Strategy & Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-327
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Foulkes, Helena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) President, CVS Pharmacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-356
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 729.16
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 29 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Fowler, Kathryn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2017
Mailing Address 1300 S McKenzie St		Transaction ID : 2017051017285-650
City Foley	State AL	Zip Code 36535-1723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Staff Pharmacist FT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fowler, Kathryn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2017
Mailing Address 1300 S McKenzie St		Transaction ID : 2017051017285-940
City Foley	State AL	Zip Code 36535-1723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Staff Pharmacist FT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Frendo, Joseph, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 750 W John Carpenter Fwy Ste 1200		Transaction ID : 2017051017285-351
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,PBM Strategic Ops & Svcs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1666.65	

SUBTOTAL of Receipts This Page (optional).....▶	516.66
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 30 OF 83
	<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. Frumento, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **433.32**

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-281
 Amount of Each Receipt this Period **108.33**
 Memo Item

B. Gilson, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Group Head, Health Plan
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-328
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Gold, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP, CVS Health & CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1666.64**

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-357
 Amount of Each Receipt this Period **416.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	774.99
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:	PAGE 31 OF 83
	(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. Golden JR, Charles, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Cvs Dr

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Construction & Prop Admin
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-272

Amount of Each Receipt this Period
100.00

Memo Item

B. Grambley, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Managed Medicaid
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-235

Amount of Each Receipt this Period
62.50

Memo Item

C. Griffin, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) SVP, Corporate HR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-339

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	412.50
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 32 OF 83
	<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. Grunsfeld, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-306
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Guinn, Colvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Network
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-653
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Guinn, Colvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Network
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-947
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	315.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Haas JR, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Region Manager,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-256
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Harris, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) District Director,Ops LTC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-263
 Amount of Each Receipt this Period 86.67
 Memo Item

C. Haught, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Account Management
 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
 04 / 28 / 2017
Transaction ID : 2017051017285-908
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 83
	<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. Hawxhurst, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW
 Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-638
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Hawxhurst, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW
 Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-932
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Heidental, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Pharmacy Merchandising
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-273
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	176.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 83
	<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. Helle, Joel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Specialty Sales
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2017

Transaction ID : 2017051017285-292

Amount of Each Receipt this Period
150.00

Memo Item

B. Herring, Courtney, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) Sr Advisor, Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : 2017051017285-618

Amount of Each Receipt this Period
28.84

Memo Item

C. Herring, Courtney, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) Sr Advisor, Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
259.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : 2017051017285-912

Amount of Each Receipt this Period
28.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
	<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. Holodak, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr
 Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-311
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Horne, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 2017051017285-646
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Horne, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-941
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 83
	<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. Hoyceanyls, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Construction & Prop Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-274
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Husain, Syed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP,Real Estate Corp Acq
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-257
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Jackson, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Medicare ClientOps
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-642
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	223.33
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 38 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Jackson, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director, Medicare ClientOps
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-936
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Jodice, Candace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, HR Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-243
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Jordan, Brenna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP & Sr Legal Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-298
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.50
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 39 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Joyner, John, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2017
Mailing Address 750 W John Carpenter Fwy Ste 1200		Transaction ID : 2017051017285-352
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP Sales & Account Services	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kamen, Seth, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2017
Mailing Address 1 Cvs Dr		Transaction ID : 2017051017285-288
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Talent Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kennedy, John, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2017
Mailing Address 200 Highland Corporate Dr		Transaction ID : 2017051017285-340
City Cumberland	State RI	Zip Code 02864-1786
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Finance	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	791.66
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:	PAGE 40 OF 83
	(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. King, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) District Manager,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-204
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Knudson, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Finance Retail
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-325
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Koelsch, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Group Head,FEP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-626
 Amount of Each Receipt this Period 28.85
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 278.85
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 41 OF 83
	<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. Koelsch, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Group Head,FEP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-920
 Amount of Each Receipt this Period 28.85
 Memo Item

B. Kraft, Rocky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Omnicare Center 201 E 4Th St
 City Cincinnati State OH Zip Code 45202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP & President,LTC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-358
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Kunz, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Director,Strategic Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 2017051017285-633
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	480.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 83
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Kunz, Steven, , ,		Date of Receipt MM / DD / YYYY 04 / 28 / 2017 Transaction ID : 2017051017285-927
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 35.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,Strategic Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lavin, John, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2017 Transaction ID : 2017051017285-285
Mailing Address 9501 E Shea Blvd		Amount of Each Receipt this Period 125.00
City Scottsdale	State AZ	Zip Code 85260-6719
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Network Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Leonard, Matthew, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2017 Transaction ID : 2017051017285-341
Mailing Address 695 George Washington Hwy		Amount of Each Receipt this Period 250.00
City Lincoln	State RI	Zip Code 02865-4257
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP,Pharma,Ret<C Cont Rx Pur	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 83
<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. Lewis, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Chief Marketing Officer CMK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-268
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Link, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP Logistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-304
 Amount of Each Receipt this Period
 180.00
 Memo Item

C. Loeber, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Trade Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-286
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
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 44 OF 83
	<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. Lotvin, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 George Washington Hwy
 City Lincoln State RI Zip Code 02865-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP Specialty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-353
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Macrae, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Employer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-652
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Macrae, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Employer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-946
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	526.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 83
	(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. Marcello, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-250
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Margiotta, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 W John Carpenter Fwy Ste 1200
 City Irving State TX Zip Code 75039-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Group Head,Aetna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 667.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-303
 Amount of Each Receipt this Period
 166.83
 Memo Item

C. Matlin, Olga, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-619
 Amount of Each Receipt this Period
 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Matlin, Olga, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2017
Mailing Address 2211 Sanders Rd		Transaction ID : 2017051017285-913
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.84
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Analytics	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.56	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McDonnell, Kimberly, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 9501 E Shea Blvd		Transaction ID : 2017051017285-251
City Scottsdale	State AZ	Zip Code 85260-6719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Gov't Svcs & Reg Affairs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McEnany, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 1 Cvs Dr		Transaction ID : 2017051017285-275
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VPMM	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	210.84
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 47 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. McGuire, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-312
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Investor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McIntosh, Colleen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-342
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,Legal Corporate Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Meier, Patricia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2017 Transaction ID : 2017051017285-905
Mailing Address 1421 SW Wilshire Blvd		Amount of Each Receipt this Period 23.07
City Burleson	State TX	Zip Code 76028-5705
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Pharmacy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 207.63	

SUBTOTAL of Receipts This Page (optional).....	473.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 83
	<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. Merlo, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) President & CEO, CVS Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-359
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Meyer, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29100 Aurora Rd
 City Solon State OH Zip Code 44139-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Marketing Med D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-654
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Meyer, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29100 Aurora Rd
 City Solon State OH Zip Code 44139-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Marketing Med D
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-948
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	532.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 83
<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. Moffatt, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-276

Amount of Each Receipt this Period
100.00

Memo Item

B. Moore, Everett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) AVP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-258

Amount of Each Receipt this Period
83.33

Memo Item

C. Moriarty, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Dr
Ste 310

City Florham Park	State NJ	Zip Code 07932-1007
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP,Chief HSO & Gen Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1666.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2017

Transaction ID : 2017051017285-360

Amount of Each Receipt this Period
416.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	599.99
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 50 OF 83
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Murphy, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-277
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 100.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Murphy, Kevin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-329
Mailing Address 695 George Washington Hwy		Amount of Each Receipt this Period 250.00
City Lincoln	State RI	Zip Code 02865-4257
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Group Head, Specialty Infusion	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Murray, James, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017 Transaction ID : 2017051017285-289
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 135.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,MC IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional).....▶	485.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Nalaboff, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,PBM Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-252
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Navagamuwa, Roshan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-307
 Amount of Each Receipt this Period 200.00
 Memo Item

C. O'Rourke, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Sales & Benefit Verf
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-301
 Amount of Each Receipt this Period 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 449.99
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 52 OF 83
	<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. Pagano, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr
 Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-313
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Pal, Pushpendu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 E Lake Cook Rd
 City Buffalo Grove State IL Zip Code 60089-1999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP PBM IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-293
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Palmieri, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Clinical
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-639
 Amount of Each Receipt this Period
 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	388.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 83
	<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. Palmieri, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Clinical
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : 2017051017285-933

Amount of Each Receipt this Period
38.46

Memo Item

B. Palombi, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) SVP,Chief Comm Officer CVS Hea
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2017

Transaction ID : 2017051017285-343

Amount of Each Receipt this Period
250.00

Memo Item

C. Parker, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 Sanders Rd

City Northbrook	State IL	Zip Code 60062-6150
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Brand Compliance
---	--

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
04	/	14	/	2017

Transaction ID : 2017051017285-627

Amount of Each Receipt this Period
28.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	317.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 83
	<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. Parker, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Brand Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-921
 Amount of Each Receipt this Period 28.85
 Memo Item

B. Patterson, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP,MC Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-299
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Payette, Kathy-Jo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP,Human Resources Retail
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-314
 Amount of Each Receipt this Period 200.00
 Memo Item

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 55 OF 83
	<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. Penberthy, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW
 Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-330
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Phillips, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP & Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-350
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Pill, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Retail Omni Channel Digit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-278
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 83
	<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. Pons, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Asst General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-344
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Powers, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Pharmacy Supv,Fld Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.68

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-264
 Amount of Each Receipt this Period 86.67
 Memo Item

C. Proulx, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP PBM Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-331
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	586.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 83
	<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. Puopolo, Ann Louise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP,Enterprise Patient Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-315
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Purdy, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-259
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Raman, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-260
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	366.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 83
	<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, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 2017051017285-634
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Rill, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-928
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Rinkacs, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-244
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 132.50
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 59 OF 83
	<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. Riva, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Division Head,Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-640
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Riva, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Division Head,Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-934
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Roberts, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) EVP, COO CVSH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-361
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	493.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 83
	<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. Sansone, Judith, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) SVP Merchandising
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2017

Transaction ID : 2017051017285-345

Amount of Each Receipt this Period
250.00

Memo Item

B. Sarocka, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Professional,Clinical
---	---

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
04	/	28	/	2017

Transaction ID : 2017051017285-909

Amount of Each Receipt this Period
25.00

Memo Item

C. Satre, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Sales Ops
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : 2017051017285-645

Amount of Each Receipt this Period
46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.15
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:	PAGE 61 OF 83
	(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. Satre, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Sales Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-939
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Schleigh JR, Thomas, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10650 W Airport Blvd
 City Stafford State TX Zip Code 77477-3065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Operations LTC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.01

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-265
 Amount of Each Receipt this Period 86.67
 Memo Item

C. Schmidt, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Region Manager,Fld Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-261
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.15
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 62 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schulman, Melissa, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 1 Cvs Dr		Transaction ID : 2017051017285-354
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Govnmt Relations CVS Healt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sciarra, Gregory, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 1 Cvs Dr		Transaction ID : 2017051017285-316
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Internal Operations LTC	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Segal, Bernard, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2017
Mailing Address 1 Cvs Dr		Transaction ID : 2017051017285-245
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,IT Retail Systems	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	679.16
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 63 OF 83
	<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. Sendewicz, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Dr
Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,IT PBM Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
04 / 14 / 2017
Transaction ID : 2017051017285-647

Amount of Each Receipt this Period
50.00

Memo Item

B. Sendewicz, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Dr
Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,IT PBM Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
04 / 28 / 2017
Transaction ID : 2017051017285-942

Amount of Each Receipt this Period
50.00

Memo Item

C. Shafer, Kay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale State AZ Zip Code 85260-6719

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Employer

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
702.00

Date of Receipt
04 / 14 / 2017
Transaction ID : 2017051017285-658

Amount of Each Receipt this Period
78.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00

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 64 OF 83
	<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. Shafer, Kay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale State AZ Zip Code 85260-6719

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Employer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017

Transaction ID : 2017051017285-952

Amount of Each Receipt this Period
78.00

Memo Item

B. Shah, Prem, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health Occupation (for Individual) VP,Open Market & Phys. Serv.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017

Transaction ID : 2017051017285-332

Amount of Each Receipt this Period
250.00

Memo Item

C. Shankman, Leonard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Strategic Specialty Ops

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017

Transaction ID : 2017051017285-236

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.50
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 65 OF 83
	<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. Sheer, Julie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) 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
04	/	14	/	2017

Transaction ID : 2017051017285-628

Amount of Each Receipt this Period
28.85

Memo Item

B. Sheer, Julie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) 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
04	/	28	/	2017

Transaction ID : 2017051017285-922

Amount of Each Receipt this Period
28.85

Memo Item

C. Shimko, Bonnie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 Lee Blvd

City Lehigh Acres	State FL	Zip Code 33936-4846
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Pharmacy Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
487.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : 2017051017285-651

Amount of Each Receipt this Period
54.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Shimko, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 Lee Blvd
 City Lehigh Acres State FL Zip Code 33936-4846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Pharmacy Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-945
 Amount of Each Receipt this Period
 54.17
 Memo Item

B. Simmons, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP, Retail Pharmacy Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-279
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Sinko, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,AGC Board of Rx Practice
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-346
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	404.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 83
	<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, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-280
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Southwell, Yvonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-249
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Stang, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Regulatory Affair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 2017051017285-657
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
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 68 OF 83
	<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. Stang, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Regulatory Affair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-951
 Amount of Each Receipt this Period
 77.00
 Memo Item

B. Stenta, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Division Head,Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-643
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Stenta, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Division Head,Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-938
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 83
	(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"/> 15
	<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. Stivender, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-282
 Amount of Each Receipt this Period
 108.33
 Memo Item

B. Stowell, Randal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 George Washington Hwy
 City Lincoln State RI Zip Code 02865-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,HR Bus Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-246
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Stutz, Shereen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Mall Blvd
 City Monroeville State PA Zip Code 15146-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Program Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-620
 Amount of Each Receipt this Period
 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 199.67
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 83
	<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. Stutz, Shereen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Mall Blvd
 City Monroeville State PA Zip Code 15146-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Program Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-914
 Amount of Each Receipt this Period 28.84
 Memo Item

B. Sussman, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) EVP, Clinical Svs, Assoc CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 12 / 2017
Transaction ID : 2017051017285-362
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Talbott, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Advisor, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-641
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	483.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 83
	<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. Talbott, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Advisor, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-935
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Thiele, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-317
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Tilzer, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Digital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-347
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	488.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 83
	<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. Tucci, Cia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VPMM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-318
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Umberto, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Highland Corporate Dr
 City Cumberland State RI Zip Code 02864-1786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Strategic Procurement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-300
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Valois, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Director,HR Bus Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-319
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 83
	<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. Vandersall, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Cvs Dr

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Talent 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
04		12		2017

Transaction ID : 2017051017285-247

Amount of Each Receipt this Period
62.50

Memo Item

B. Vij, Munish, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Dr
Ste 310

City Florham Park	State NJ	Zip Code 07932-1007
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,IT Systems
---	--

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
04		14		2017

Transaction ID : 2017051017285-629

Amount of Each Receipt this Period
28.85

Memo Item

C. Vij, Munish, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Dr
Ste 310

City Florham Park	State NJ	Zip Code 07932-1007
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,IT Systems
---	--

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
04		28		2017

Transaction ID : 2017051017285-923

Amount of Each Receipt this Period
28.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 83
	<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. Virdee, Amritpal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Grand Ave
 City San Rafael State CA Zip Code 94901-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) CA Staff Pharmacist FT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-644
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Virdee, Amritpal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Grand Ave
 City San Rafael State CA Zip Code 94901-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) CA Staff Pharmacist FT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-937
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Walker, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Exec Advisor, Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-621
 Amount of Each Receipt this Period 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	112.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 83
	<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. Walker, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 Pennsylvania Ave NW
 Ste 700
 City Washington State DC Zip Code 20004-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Exec Advisor, Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-915
 Amount of Each Receipt this Period 28.84
 Memo Item

B. Walker, Gloria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6950 Alamo Downs Pkwy
 Ste 110
 City San Antonio State TX Zip Code 78238-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Customer Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 14 / 2017
Transaction ID : 2017051017285-635
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Walker, Gloria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6950 Alamo Downs Pkwy
 Ste 110
 City San Antonio State TX Zip Code 78238-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Customer Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 28 / 2017
Transaction ID : 2017051017285-929
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.84
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 76 OF 83
	<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. Wasdyke, Calvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP,PBM Strategic Ops & Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-333
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Whalen, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP,Rx Merchandising
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-262
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Wheeler, Hanley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) SVP, Field Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-320
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.33
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 77 OF 83
	<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. Williams, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr
 Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Quality IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2017
Transaction ID : 2017051017285-321
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Williams, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-648
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Williams, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 E Shea Blvd
 City Scottsdale State AZ Zip Code 85260-6719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-943
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 78 OF 83
	<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. Wilson, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr
 Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Market Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : 2017051017285-649
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wilson, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Campus Dr
 Ste 310
 City Florham Park State NJ Zip Code 07932-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Market Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : 2017051017285-944
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wilson, Clay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) VP Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : 2017051017285-283
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 79 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CVS Health PAC

A. Woehrmann, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-655
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Woehrmann, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Sanders Rd
 City Northbrook State IL Zip Code 60062-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : 2017051017285-949
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Yates, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CVS Health Occupation (for Individual) Sr Advisor Rx Clinical Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : 2017051017285-630
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 80 OF 83
(check only one)

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

A. Yates, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) Sr Advisor Rx Clinical Service
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : 2017051017285-924

Amount of Each Receipt this Period
30.00

Memo Item

B. Youngs, June, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CVS Health	Occupation (for Individual) VP Logistics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2017

Transaction ID : 2017051017285-322

Amount of Each Receipt this Period
200.00

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	26981.18

**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"/> 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

A. Bilirakis For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement 2018 Primary

Candidate Name **Bilirakis, Gus, Michael, ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement: 04 / 17 / 2017

FEC Identification Number: **C00048534**
Transaction ID : 8A359916265
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Billy Long For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804-4076

Purpose of Disbursement 2018 Primary

Candidate Name **Long, William, H., , II**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 07

Date of Disbursement: 04 / 17 / 2017

FEC Identification Number: **C000460063**
Transaction ID : 693B9FEE3E1
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Bob Goodlatte For Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement 2018 Primary

Candidate Name **Goodlatte, Robert, William, ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District: 06

Date of Disbursement: 04 / 17 / 2017

FEC Identification Number: **C00257956**
Transaction ID : E11D6BA3B1
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Crowley For Congress		Date of Disbursement MM / DD / YYYY 04 / 17 / 2017
Mailing Address 84-56 Grand Avenue		FEC Identification Number C C00338954 Transaction ID : 96269026854: Amount of Each Disbursement this Period 1000.00
City Elmhurst	State NY	Zip Code 11373
Purpose of Disbursement 2018 Primary	Category/Type 011	
Candidate Name Crowley, Joseph, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 14	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Hoyer's Majority Fund		Date of Disbursement MM / DD / YYYY 04 / 20 / 2017
Mailing Address 700 13Th Street NW Suite 600		FEC Identification Number C Transaction ID : 1F7B3C351E4 Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Hoyer's Majority Fund	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Stabenow For US Senate		Date of Disbursement MM / DD / YYYY 04 / 20 / 2017
Mailing Address P.O. Box 4945		FEC Identification Number C C00344473 Transaction ID : 1D7AA288A4 Amount of Each Disbursement this Period 1000.00
City East Lansing	State MI	Zip Code 48826
Purpose of Disbursement 2018 General	Category/Type 011	
Candidate Name Stabenow, Deborah, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI	District:	<input type="checkbox"/> Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Stabenow For US Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Stabenow, Deborah, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	7

FEC Identification Number

C C00344473

Transaction ID : **EE01771FEC**
Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tenn Political Action Committee Inc (TENN PAC)

Mailing Address 228 S Washington Street Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Tenn Political Action Committee Inc (TENN PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)

State: District: Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	7

FEC Identification Number

C C00388421

Transaction ID : **7B8606DD1FI**
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

11500.00