

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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. Murray D James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Spartan Arrow Rd  
City Littleton State MA Zip Code 01460  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation MC, VP IS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : C2937399**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

**B. O'Rourke Joan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1106 South Cleveland  
City Park Ridge State IL Zip Code 60068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Specialty Program Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **333.32**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : C2937439**  
Amount of Each Receipt this Period **166.66**  
\* Payroll Deduction: Monthly

**C. Roberts C Jonathan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 455 Hunter Crossing  
City East Greenwich State RI Zip Code 02818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation President, CVS CMK Pharm Svc  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **833.32**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : C2937367**  
Amount of Each Receipt this Period **416.66**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **783.32**  
**TOTAL** This Period (last page this line number only).....