



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CVS Health PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text"/>	<input type="text" value="157916.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="218048.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30906.51"/>	<input type="text" value="313836.51"/>
(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="248954.76"/>	<input type="text" value="471753.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="91412.00"/>	<input type="text" value="314210.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="157542.76"/>	<input type="text" value="157542.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CVS Health PAC

Report Covering the Period: From: 09 / 01 / 2015 To: 09 / 30 / 2015

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).....	27565.26	235569.67
(ii) Unitemized .....	3341.25	78266.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30906.51	313836.51
(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) .....	30906.51	313836.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30906.51	313836.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30906.51	313836.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	9000.00	194500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	548.55
(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	548.55
29. Other Disbursements .....	82412.00	119162.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91412.00	314210.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91412.00	314210.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30906.51	313836.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	548.55
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30906.51	313287.96
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 115
	<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. Kingman Adriane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1209 E Cottonwood Lane  
City Phoenix State AZ Zip Code 85048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Sr Advisor Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **365.37**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120541**  
Amount of Each Receipt this Period **38.46**  
\* Payroll Deduction: Biweekly

**B. Lotvin Alan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Sylvan Wy  
City Hopkinton State RI Zip Code 01748  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation EVP Specialty  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3749.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120198**  
Amount of Each Receipt this Period **416.66**  
\* Payroll Deduction: Monthly

**C. Dowling M Albert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5488 Royal Brook  
City York Township State OH Zip Code 44256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120429**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>496.79</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 115
	<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. Dixon Amanda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29796 E 74th St S  
 City Broken Arrow State OK Zip Code 74014-5468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation PIC/Team Leader FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120441**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

**B. Virdee Amritpal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8680 Southwick Dr  
 City Dublin State CA Zip Code 94568-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120431**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

**C. Richard C Ancil Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9718 E. Celtic Dr  
 City Scottsdale State AZ Zip Code 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Senior Manager, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120291**  
 Amount of Each Receipt this Period **83.33**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>166.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3274 Kensington Road

City Avondale Estates State GA Zip Code 30002

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

Name of Employer Caremark, L.L.C Occupation Staff Pharmacist FT

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  
**09 / 18 / 2015**

**Transaction ID : C3120697**

Amount of Each Receipt this Period  
**40.00**

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)  
**B. Umberto M Anna**

Mailing Address 39 High Meadow Ct

City Cranston State RI Zip Code 02921

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

Name of Employer Caremark, L.L.C Occupation VP, Strategic Procurement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120249**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**C. Lora L Armstrong**

Mailing Address 125 Willow Blvd

City Willow Springs State IL Zip Code 60480

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 18 / 2015**

**Transaction ID : C3120335**

Amount of Each Receipt this Period  
**76.92**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>266.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 115
	<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. Kray B Arnold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 492 N Danielson Way  
 City Chandler State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Sr Director, Enterprise Systems  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **315.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120305**  
 Amount of Each Receipt this Period **35.00**  
 \* Payroll Deduction: Monthly

**B. Kristina Arnoux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Senior Advisor, Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120815**  
 Amount of Each Receipt this Period **38.46**  
 \* Payroll Deduction: Biweekly

**C. Ray w Auger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Old Quarry Road  
 City North Scituate State RI Zip Code 02857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP, Bus App Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.36**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120349**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>115.13</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 115
	<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. Mike J Ayotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14512 Sailview Court  
 City Midlothian State VA Zip Code 23112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Sr Director, Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **405.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120296**  
 Amount of Each Receipt this Period **45.00**  
 \* Payroll Deduction: Monthly

**B. Tracy Bahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Birchwood Dr  
 City Greenwich State CT Zip Code 06831-3311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation EVP Health Plans  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2999.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120216**  
 Amount of Each Receipt this Period **333.33**  
 \* Payroll Deduction: Monthly

**c. Cheryl L Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1024 N. Honore St. #1  
 City Chicago State IL Zip Code 60622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Consultant & Broker Strateg  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1176.91**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120341**  
 Amount of Each Receipt this Period **138.46**  
 \* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **516.79**  
**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 11 OF 115
	<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. Scott E. Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Miss Fry Drive  
 City East Greenwich State RI Zip Code 02818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C. Occupation EVP Internal Ops & Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2999.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120200**  
 Amount of Each Receipt this Period **333.33**  
 \* Payroll Deduction: Monthly

**B. John G Barron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 147 N Quinsigamond Ave  
 City Shrewsbury State MA Zip Code 01545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C. Occupation VP Digital Planning and Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120362**  
 Amount of Each Receipt this Period **62.50**  
 \* Payroll Deduction: Monthly

**C. Scott Baumbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1658 Paulson Way  
 City Napa State CA Zip Code 94558-1627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation District Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **389.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120440**  
 Amount of Each Receipt this Period **43.33**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>439.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Katherine Bell</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 1300 I Street, NW Suite 525W		<b>Transaction ID : C3120452</b>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.68
Name of Employer CVS Caremark	Occupation State Government Affairs	* Payroll Deduction: Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.96	

Full Name (Last, First, Middle Initial) <b>B. Sprows K Benjamin</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 25 Regina Drive		<b>Transaction ID : C3120358</b>
City Cranston	State RI	Zip Code 02921
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer Caremark, L.L.C	Occupation Sr. Manager Inventory Systems	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) <b>C. Mitch G Betses</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 19 Winter Green Drive		<b>Transaction ID : C3120234</b>
City Merrimack	State NH	Zip Code 03054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Caremark, L.L.C	Occupation SVP COO Med D	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	299.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 115
	(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**

Full Name (Last, First, Middle Initial) <b>A. James Bilger</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 4619 Amy Drive		<b>Transaction ID : C3120347</b>
City Crystal Lake	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Caremark, L.L.C	Occupation VP Customer Care	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa G Bisaccia</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 10 W Cushing St		<b>Transaction ID : C3120206</b>
City Providence	State MA	Zip Code 02906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer Caremark, L.L.C	Occupation SVP, Chief HR Officer, CVS CMK	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	

Full Name (Last, First, Middle Initial) <b>C. Scott G Bond</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 1100 Versailles Court		<b>Transaction ID : C3120500</b>
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Caremark, L.L.C	Occupation VP Sales	* Payroll Deduction: Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	496.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 115
	<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. Thompson T Booker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Rizzi Lane  
 City State Zip Code  
 Bartlett IL 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C Region Manager, Fld Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120411**  
 Amount of Each Receipt this Period  
 83.33  
 \* Payroll Deduction: Monthly

**B. Eileen H Boone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Little Lane  
 City State Zip Code  
 Barrington RI 02806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C SVP, Corp Comm & Commty Rel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120267**  
 Amount of Each Receipt this Period  
 100.00  
 \* Payroll Deduction: Monthly

**C. Eva Boratto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Hobby Horse Hill  
 City State Zip Code  
 Lower Gwynedd PA 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CVS Caremark SVP Finance  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120203**  
 Amount of Each Receipt this Period  
 250.00  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 115
	<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. Patricia D. Brookins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5710 Medley Ln  
City Albany State GA Zip Code 31721-7421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Store Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **216.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120464**  
Amount of Each Receipt this Period **24.00**  
\* Payroll Deduction: Biweekly

**B. Karen Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 PARK ROW W APT 906  
City PROVIDENCE State RI Zip Code 02903-1151  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP, Corporate Communications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120221**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

**C. Lyons C Bruce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3385 Rfd  
City Long Grove State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation SVP Sales  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1501.47**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120242**  
Amount of Each Receipt this Period **166.83**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **390.83**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 115
	(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. Macrae E Bruce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3032 Margo Lane  
 City Northbrook State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1045.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120329**  
 Amount of Each Receipt this Period **110.00**  
 \* Payroll Deduction: Biweekly

**B. Cook C Bryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10252 Hunt Club Ln  
 City Palm Beach Gardens State FL Zip Code 33418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Regional Dir Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120286**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

**C. Michael W Buckless**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Bergen Court  
 City Marlton State NJ Zip Code 08053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation VP Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120258**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **251.67**  
**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 17 OF 115
	<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. John M Buckley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Justin Dr  
 City Mansfield State MA Zip Code 02048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP & Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120243**  
 Amount of Each Receipt this Period **150.00**  
 \* Payroll Deduction: Monthly

**B. Cheryl A Byron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 East Waterside #2710  
 City Chicago State IL Zip Code 60601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Strategic Accounts  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120486**  
 Amount of Each Receipt this Period **40.00**  
 \* Payroll Deduction: Biweekly

**C. Rui Manuel Rui Camacho**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4682 Sierrawood Ln  
 City Pleasanton State CA Zip Code 94588-4358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation District Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120324**  
 Amount of Each Receipt this Period **83.33**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>273.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David L Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Foster Way

City East Greenwich State RI Zip Code 02818

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120222**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

**B. Henry Casillas**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 South Harbor Blvd

City La Habra State CA Zip Code 90631

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120244**

Amount of Each Receipt this Period  
**150.00**

\* Payroll Deduction: Monthly

**C. Anthony B Caskey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1780 Wall Street

City Mount Prospect State IL Zip Code 60056

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

Name of Employer Caremark, L.L.C Occupation Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.05**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120410**

Amount of Each Receipt this Period  
**28.85**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>378.85</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Carolyn Castel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015
Mailing Address 322 Mason Terrace		<b>Transaction ID : C3120223</b>
City Brookline	State MA	Zip Code 02446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Caremark, L.L.C	Occupation VP, Corporate Communications	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Nancy R Christal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015
Mailing Address 15 Rockinghorse Tr		<b>Transaction ID : C3120204</b>
City Rye Brook	State NY	Zip Code 10573
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Caremark, L.L.C	Occupation SVP, Investor Relations	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) <b>C. Keith Christensen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015
Mailing Address 33 Connors Farm Drive		<b>Transaction ID : C3120453</b>
City Smithfield	State RI	Zip Code 02917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer CVS Health	Occupation Sr. Director, HRSS Governance	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	512.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kidd D Christopher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 843 W Adams St #604

City Chicago	State IL	Zip Code 60607
-----------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation Sr Account Manager
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

**Transaction ID : C3120743**

Amount of Each Receipt this Period  

40.00
-------

\* Payroll Deduction: Biweekly

**B. Willis Christopher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Upland Drive

City N. Attleboro	State MA	Zip Code 02760
----------------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation Director II, Realty Co
-------------------------------------	--------------------------------------

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
09	/	11	/	2015

**Transaction ID : C3120575**

Amount of Each Receipt this Period  

25.00
-------

\* Payroll Deduction: Monthly

**C. Gargano Chrystal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7837 Catalina Circle

City Tamarac	State FL	Zip Code 33321
-----------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation HR Business Partner I
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120352**

Amount of Each Receipt this Period  

40.00
-------

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 115
	<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. Steve Cohan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Clarke Rd.  
 City Barrington State RI Zip Code 02806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1876.50**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120217**  
 Amount of Each Receipt this Period **208.50**  
 \* Payroll Deduction: Monthly

**B. Christopher L Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Plymouth Road  
 City Needham State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Director I, Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1499.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120257**  
 Amount of Each Receipt this Period **166.66**  
 \* Payroll Deduction: Monthly

**c. Thiele M Craig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Marion Dr  
 City Coventry State RI Zip Code 02816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation AVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120229**  
 Amount of Each Receipt this Period **200.00**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>575.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 115
	<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. Christopher M Crisafulli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Country Hill Lane  
 City North Kingstown State RI Zip Code 02852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Sr Director, Finance, MC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **562.41**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120361**  
 Amount of Each Receipt this Period **62.49**  
 \* Payroll Deduction: Monthly

**B. Medina M Cristina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10367 Sw 118 St  
 City Miami State FL Zip Code 33176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Mgr, Prof & College Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120402**  
 Amount of Each Receipt this Period **41.66**  
 \* Payroll Deduction: Monthly

**C. Heather A Cutler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 South Lynn Street  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **547.96**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120295**  
 Amount of Each Receipt this Period **57.68**  
 \* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **161.83**  
**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 23 OF 115
	<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. Kline Daniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11403 Orazio Drive  
 City Las Vegas State NV Zip Code 89138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C. Occupation Dir Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120529**  
 Amount of Each Receipt this Period **40.00**  
 \* Payroll Deduction: Biweekly

**B. Roselin Daniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Devonshire Dr  
 City Randolph State NJ Zip Code 07869-3541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Sr Director, IT Med D Systems  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **288.50**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120438**  
 Amount of Each Receipt this Period **57.70**  
 \* Payroll Deduction: Biweekly

**C. Cole li F Darrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1274 Harmony Trail W  
 City Greenfield State IN Zip Code 46140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C. Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120418**  
 Amount of Each Receipt this Period **41.66**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>139.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Amita Dasmahapatra**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Cvs Dr

City Woonsocket State RI Zip Code 02895-6146

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

Name of Employer CVS Health Occupation Senior Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 18 / 2015**

**Transaction ID : C3120459**

Amount of Each Receipt this Period  
**57.70**

\* Payroll Deduction: Biweekly

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

Mailing Address 12 Hines Farm Drive

City Cumberland State RI Zip Code 02864

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

Name of Employer Caremark, L.L.C Occupation VP, Pharmacy Professional Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120348**

Amount of Each Receipt this Period  
**41.66**

\* Payroll Deduction: Monthly

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

Mailing Address 75 Poplar Street

City Watertown State MA Zip Code 02472

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

Name of Employer CVS Caremark Corporation Occupation SVP Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120205**

Amount of Each Receipt this Period  
**250.00**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>349.36</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 115
	<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. Michael Dell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1096.11**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120494**  
 Amount of Each Receipt this Period **115.38**  
 \* Payroll Deduction: Biweekly

**B. Patrick Dennis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1051 Manor Drive  
 City Mountain Top State PA Zip Code 18707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Sr. Director, Wilkes Barre Pharmacy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.60**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120448**  
 Amount of Each Receipt this Period **57.70**  
 \* Payroll Deduction: Biweekly

**C. David M Denton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 373 Commonwealth Ave  
 City Chestnut Hill State MA Zip Code 02467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation EVP & CFO, CVS CMK  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1874.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120220**  
 Amount of Each Receipt this Period **208.33**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>381.41</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Edward Devaney</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 17126 Laurel Walk Ct			<b>Transaction ID : C3120385</b>
City Charlotte	State IL	Zip Code 28277	Amount of Each Receipt this Period 57.70
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Dir Strategic Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.15	* Payroll Deduction: Biweekly	

Full Name (Last, First, Middle Initial) <b>B. Heidi A Devlin</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 66 Jefferson Rd			<b>Transaction ID : C3120259</b>
City Franklin	State MA	Zip Code 02038	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation VP, Advertising		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	* Payroll Deduction: Monthly	

Full Name (Last, First, Middle Initial) <b>C. Hassell-Latham M Diane</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 17185 120th Street			<b>Transaction ID : C3120470</b>
City Live Oak	State FL	Zip Code 32060	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation PIC/Team Leader FT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	* Payroll Deduction: Biweekly	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Talke W Dixi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 172 West Hartford Ave  
City Uxbridge State MA Zip Code 01569  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Manager III, Log Ops Prc & Tec  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120370**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: Monthly

**B. James M Dixon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 Blackthorn Drive  
City Buffalo Grove State IL Zip Code 60089  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Finance  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1475.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120320**  
Amount of Each Receipt this Period **160.00**  
\* Payroll Deduction: Biweekly

**C. Meredith Dixon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 Brownell St  
City Warren State RI Zip Code 02885  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation MC, VP Operations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **333.28**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120425**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **251.66**  
**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 28 OF 115
	<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. Leonard M Donald**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 Deer Run Lane

City Lexington State NC Zip Code 27292

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120377**

Amount of Each Receipt this Period  
**41.67**

\* Payroll Deduction: Monthly

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

Mailing Address 50 Park Row W Apt 804

City Providence State RI Zip Code 02903

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120228**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

**C. Michele M Driscoll**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Old Orchard Road

City Sherborn State MA Zip Code 01770

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

Name of Employer Caremark, L.L.C Occupation VP, Retail Pricing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120298**

Amount of Each Receipt this Period  
**50.00**

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **291.67**

**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 29 OF 115
	<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. Diane Dwyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 6711 Corte Santa Maria

City Pleasanton State CA Zip Code 94566-8612

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

Name of Employer CVS Health Occupation Pharmacy Supervisor, Fld Mgmt

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  
 09 / 11 / 2015

**Transaction ID : C3120434**

Amount of Each Receipt this Period  
 41.67

\* Payroll Deduction: Monthly

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

Mailing Address 1099 Ridgewood Dr

City Highland Park State IL Zip Code 60035

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

Name of Employer Caremark, L.L.C Occupation Director,HR Business Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : C3120426**

Amount of Each Receipt this Period  
 57.70

\* Payroll Deduction: Biweekly

**C. Robitaille B Ellen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Adams St

City Medfield State MA Zip Code 02052

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

Name of Employer Caremark, L.L.C Occupation Dir Strategic Accounts IC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : C3120479**

Amount of Each Receipt this Period  
 42.00

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **141.37**

**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 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Patricia M Engstrom**

Mailing Address 17374 W. King Canyon Dr

City Surprise State AZ Zip Code 85387

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

Name of Employer Caremark, L.L.C Occupation Sr Advisor, Project Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : C3120712**

Amount of Each Receipt this Period **38.46**

\* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial)  
**B. Perry F Ernest**

Mailing Address 1000 Hilltop Road

City Watkinsville State GA Zip Code 30677

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

Name of Employer Caremark, L.L.C Occupation Staff Pharmacist FT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : C3120699**

Amount of Each Receipt this Period **40.00**

\* Payroll Deduction: Biweekly

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

Mailing Address 178 Margery Ln

City Westwood State MA Zip Code 02090

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

Name of Employer CVS Caremark Occupation VP & General Auditor, CVS CMK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120224**

Amount of Each Receipt this Period **200.00**

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **278.46**

**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:	PAGE 31 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Arvid L Faudskar</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 4107 E Robin Lane		<b>Transaction ID : C3120300</b>
City Phoenix	State AZ	Zip Code 85050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Caremark, L.L.C	Occupation VP Clinical	* Payroll Deduction: Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>B. Brian Files</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 850 John Carlyle St. Apt. 352		<b>Transaction ID : C3120421</b>
City Alexandria	State DC	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.68
Name of Employer CVS Caremark	Occupation Exec Advisor, Govt Affairs	* Payroll Deduction: Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.96	

Full Name (Last, First, Middle Initial) <b>C. Jon Fliss</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 10 Stable Way		<b>Transaction ID : C3120218</b>
City Medway	State MA	Zip Code 02053-6125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CVS Health	Occupation SVP, Comp & Benefits	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 115
	<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. Joshua M Flum**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Summer Heights Drive

City Franklin State MA Zip Code 02038

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120207**

Amount of Each Receipt this Period **250.00**

\* Payroll Deduction: Monthly

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

Mailing Address 120 Brown St.

City Providence State RI Zip Code 02906

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120193**

Amount of Each Receipt this Period **416.66**

\* Payroll Deduction: Monthly

**C. Berkowitz J Francis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8906 Radford Court

City Sherrills Ford State NC Zip Code 28673

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120392**

Amount of Each Receipt this Period **41.66**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>708.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Roger Francis**

Mailing Address 7 Val Jean

City Greenville State MI Zip Code 02828

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : C3120396**

Amount of Each Receipt this Period  
**50.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. Burns W Frederick**

Mailing Address 4950 4th Place

City Vero Beach State FL Zip Code 32968

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : C3120322**

Amount of Each Receipt this Period  
**70.00**

\* Payroll Deduction: Biweekly

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

Mailing Address 9 Greenhill Trl

City Trophy Club State TX Zip Code 76262-5646

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

Name of Employer CVS Health Occupation SVP Mail & Customer Care Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : C3120213**

Amount of Each Receipt this Period  
**416.67**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>536.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen M Frumento**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 N Gate Road  
 City Mendham State NJ Zip Code 07945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **866.68**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120255**  
 Amount of Each Receipt this Period **108.33**  
 \* Payroll Deduction: Monthly

**B. Nancy Gagliano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Highwood Rd  
 City Manchester State RI Zip Code 01944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation MC, Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120260**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Monthly

**C. Jeff J Gallagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 Fisher Rd  
 City Saxonburg State PA Zip Code 16056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP A/R Specialty  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **791.54**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120345**  
 Amount of Each Receipt this Period **83.32**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>291.65</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9329 E Star Hill Trail

City Lone Tree State CO Zip Code 80124

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.77**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : C3120483**

Amount of Each Receipt this Period  
 41.66

\* Payroll Deduction: Biweekly

**B. Brian J Garish**  
Full Name (Last, First, Middle Initial)

Mailing Address 12532 Willingdon Road

City Huntersville State NC Zip Code 28078

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : C3120272**

Amount of Each Receipt this Period  
 100.00

\* Payroll Deduction: Monthly

**C. Christy K Garmon**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Noahs Dr

City Pell City State AL Zip Code 35128

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

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

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  
 09 / 11 / 2015

**Transaction ID : C3120430**

Amount of Each Receipt this Period  
 41.67

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>183.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 115
	<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. Tohme M George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54632 Isle Royale Ave  
 City Macomb Twp State MI Zip Code 48042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120416**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

**B. Thomas J Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 Tillinghast Road  
 City East Greenwich State AZ Zip Code 02818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP Third Party Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **389.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120306**  
 Amount of Each Receipt this Period **43.33**  
 \* Payroll Deduction: Monthly

**C. Walker D Gloria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Shadow Mountain Dr  
 City Cibolo State TX Zip Code 78108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Customer Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120331**  
 Amount of Each Receipt this Period **70.00**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 115
	(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. Thomas E Godfrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6243 E Wilshire Dr

City State Zip Code  
Scottsdale AZ 85257

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015  
**Transaction ID : C3120524**

Amount of Each Receipt this Period  
40.00

\* Payroll Deduction: Biweekly

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

Mailing Address 15 Jonathan Smith Rd

City State Zip Code  
Morristown RI 07960

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

Name of Employer Occupation  
CVS Caremark SVP & CIO, CVS CMK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3749.94

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015  
**Transaction ID : C3120194**

Amount of Each Receipt this Period  
416.66

\* Payroll Deduction: Monthly

**c. Charles E. Golden Jr Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 South Eagle Nest Dr

City State Zip Code  
Lincoln RI 02865

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

Name of Employer Occupation  
Caremark, L.L.C SVP Construction & Prop Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015  
**Transaction ID : C3120262**

Amount of Each Receipt this Period  
100.00

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	556.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William F Grambley</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120369</b>
Mailing Address 172 Virginia Ave		Amount of Each Receipt this Period 62.50
City North Attleboro	State MA	Zip Code 02763
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation Director II, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Cassin F Gregory</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120278</b>
Mailing Address 14177 Wayford Run		Amount of Each Receipt this Period 83.33
City Shelby Township	State MI	Zip Code 48315
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation Region Manager, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Gierwielanec Gregory</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015 <b>Transaction ID : C3120512</b>
Mailing Address 9918 E. Larkspur		Amount of Each Receipt this Period 40.00
City Scottsdale	State AZ	Zip Code 85260
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation VP FP&A Mail	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 115
	<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. Katheryn L Grosvenor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13429 E Desert Trail  
 City Scottsdale State AZ Zip Code 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Sales Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120527**  
 Amount of Each Receipt this Period **38.46**  
 \* Payroll Deduction: Biweekly

**B. Tracy Grunsfeld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation VP, Product Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120235**  
 Amount of Each Receipt this Period **200.00**  
 \* Payroll Deduction: Monthly

**C. Domenico A Gugliuzza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6208 Cimmaron Trl  
 City Colleyville State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120504**  
 Amount of Each Receipt this Period **25.00**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>263.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 115
	<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. Todd Todd Guinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 N La Arboleta Dr  
City Gilbert State AZ Zip Code 85234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Network  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1096.11**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120310**  
Amount of Each Receipt this Period **115.38**  
\* Payroll Deduction: Biweekly

**B. Stephen F Haught**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5909 Tomlinson Dr.  
City Mchenry State IL Zip Code 60050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Account Management  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120520**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: Biweekly

**C. Courtney Herring**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 I Street, NW Suite 525W  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation State Government Affairs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **547.96**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120444**  
Amount of Each Receipt this Period **57.68**  
\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>223.06</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 115
	<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. Jeffrey M Hoffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Oak St

City Medfield State MA Zip Code 02052

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

Name of Employer Caremark, L.L.C Occupation Sr Director,Enterprise Digital

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  
 09 / 11 / 2015  
**Transaction ID : C3120390**

Amount of Each Receipt this Period  
**35.00**

\* Payroll Deduction: Monthly

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

Mailing Address 12004 Uplands Ridge

City Austin State TX Zip Code 78738

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120293**

Amount of Each Receipt this Period  
**100.00**

\* Payroll Deduction: Biweekly

**C. John D Hoyceanyls**  
Full Name (Last, First, Middle Initial)

Mailing Address 72 Springwater Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer Caremark, L.L.C Occupation VP Construction & Prop Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120350**

Amount of Each Receipt this Period  
**83.33**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>218.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 115
	<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. Dustin W Humphreys**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Bassett Circle

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 Sr Director,Enterprise Init

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **202.36**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120357**

Amount of Each Receipt this Period **29.16**

\* Payroll Deduction: Monthly

**B. Syed A Husain**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Redbrook Xing

City Lincoln State RI Zip Code 02865

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

Name of Employer CVS Health Occupation Vice President, Real Estate & Corporat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120495**

Amount of Each Receipt this Period **83.33**

\* Payroll Deduction: Monthly

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

Mailing Address 33 W. Delaware Place, 15j

City Chicago State IL Zip Code 60610

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

Name of Employer Caremark, L.L.C Occupation Dir Strategic Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : C3120566**

Amount of Each Receipt this Period **40.00**

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **152.49**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 115
	(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. Schwartzbach M Jack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8130 Sidlaw Hills Terrace  
 City Chesterfield State VA Zip Code 23838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120374**  
 Amount of Each Receipt this Period 40.00  
 \* Payroll Deduction: Monthly

**B. Jeffrey A Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32405 N 136th St  
 City Scottsdale State AZ Zip Code 85262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Client Connect Migration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120312**  
 Amount of Each Receipt this Period 40.00  
 \* Payroll Deduction: Monthly

**C. Collins M James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19359 Saratoga Trail  
 City Strongsville State OH Zip Code 44136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120393**  
 Amount of Each Receipt this Period 41.66  
 \* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 121.66  
**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 44 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Greer T James**  
Full Name (Last, First, Middle Initial)

Mailing Address 3357 Spruce Lane

City Grapevine State TX Zip Code 76051

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120379**

Amount of Each Receipt this Period **41.67**

\* Payroll Deduction: Monthly

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

Mailing Address 12724 East Sunnyside

City Scottsdale State AZ Zip Code 85259

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1753.70**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : C3120273**

Amount of Each Receipt this Period **184.60**

\* Payroll Deduction: Biweekly

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

Mailing Address 6813 David Lane

City Colleyville State TX Zip Code 76034

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1501.47**

Date of Receipt **09 / 11 / 2015**

**Transaction ID : C3120248**

Amount of Each Receipt this Period **166.83**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>393.10</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 115
	<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. Mumma Iii M James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Country Club Blvd  
 City N Dartmouth State MA Zip Code 02747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Director,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **219.26**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120492**  
 Amount of Each Receipt this Period **23.08**  
 \* Payroll Deduction: Biweekly

**B. 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 ▼ **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120225**  
 Amount of Each Receipt this Period **200.00**  
 \* Payroll Deduction: Monthly

**C. Scozzari S James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21724 Hammock Point Drive  
 City Boca Raton State FL Zip Code 33433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation District Mgr Licensed, Fld Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120407**  
 Amount of Each Receipt this Period **41.66**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>264.74</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 115
	<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. Lindas L Jason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1233 Goldfinch Lane  
City Antioch State IL Zip Code 60002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Director, Impact Analysis  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120545**  
Amount of Each Receipt this Period **40.00**  
\* Payroll Deduction: Biweekly

**B. Lohmeyer S Jason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 Sycamore Road  
City Barrington State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Director, FP&A Specialty  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120676**  
Amount of Each Receipt this Period **40.00**  
\* Payroll Deduction: Biweekly

**C. Stenta R Jason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 South St.  
City Medfield State MA Zip Code 02052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Director, HSO, Strategic Analy  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **333.36**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120391**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **121.67**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 115
	<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. Vipond A Jeff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2573 Canal Drive

City Lodi	State CA	Zip Code 95242
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120405**

Amount of Each Receipt this Period  

41.66
-------

\* Payroll Deduction: Monthly

**B. Hammond N Jeffrey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19122 Timber Reach Rd

City Tampa	State FL	Zip Code 33647
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120381**

Amount of Each Receipt this Period  

41.66
-------

\* Payroll Deduction: Monthly

**C. Middendorf G Jeffrey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Hancock Dr

City Glenmont	State NY	Zip Code 12077
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

**Transaction ID : C3120474**

Amount of Each Receipt this Period  

30.00
-------

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>113.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Raman W Jeffrey</b>			Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120398</b>
Mailing Address 109 Wheatley Blvd			Amount of Each Receipt this Period 83.33
City Mullica Hill	State NJ	Zip Code 08062	* Payroll Deduction: Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation AVP	Aggregate Year-to-Date 749.97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Powers Jennifer</b>			Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120277</b>
Mailing Address 7441 Bob O'Link Way			Amount of Each Receipt this Period 86.67
City Port Saint Lucie	State FL	Zip Code 34986	* Payroll Deduction: Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Pharmacy Supervisor, Fld Mgmt	Aggregate Year-to-Date 780.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rudell M Jennifer</b>			Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120406</b>
Mailing Address 8277 Polo Trail Place			Amount of Each Receipt this Period 41.67
City West Chester	State OH	Zip Code 45069	* Payroll Deduction: Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Pharmacy Supervisor, Fld Mgmt	Aggregate Year-to-Date 375.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 115
	<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. Candace P Jodice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 518 Gilbert St  
City Mansfield State MA Zip Code 02048-2669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Sr Director,H&W Benefits  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 562.50

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120365**  
Amount of Each Receipt this Period 62.50  
\* Payroll Deduction: Monthly

**B. Culbreth R John**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Creedmoor Dr  
City Greer State NC Zip Code 29650  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120354**  
Amount of Each Receipt this Period 41.66  
\* Payroll Deduction: Monthly

**C. Garcia John**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Alton Rd Apt 2707  
City Miami Beach State FL Zip Code 33139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Regional Dir Of Acquis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120774**  
Amount of Each Receipt this Period 25.00  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 129.16  
**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 50 OF 115
	<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. Murphy H John**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Vincent Road

City Mendon	State MA	Zip Code 01756
----------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation VP Managed Care
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120266**

Amount of Each Receipt this Period  

100.00
--------

\* Payroll Deduction: Monthly

**B. Roberts C Jonathan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 455 Hunter Crossing

City East Greenwich	State RI	Zip Code 02818
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120197**

Amount of Each Receipt this Period  

416.66
--------

\* Payroll Deduction: Monthly

**C. Brenna B Jordan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 River Farm Dr

City Eastgreenwich	State RI	Zip Code 02818
-----------------------	-------------	-------------------

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

Name of Employer Caremark, L.L.C	Occupation VP & Sr Legal Counsel
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120245**

Amount of Each Receipt this Period  

150.00
--------

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>666.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 115
	<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. Farrar M Joseph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 northoak drive  
 City Walnut creek State MO Zip Code 94598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Mgr, Prof & College Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120367**  
 Amount of Each Receipt this Period **41.66**  
 \* Payroll Deduction: Monthly

**B. Haas Jr J Joseph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12267 Carberry Ln  
 City Roscoe State IL Zip Code 61073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **749.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120378**  
 Amount of Each Receipt this Period **83.33**  
 \* Payroll Deduction: Monthly

**C. Sansone S Judith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Kasey Court  
 City Uxbridge State RI Zip Code 01569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP Merchandising  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120211**  
 Amount of Each Receipt this Period **250.00**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>374.99</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sheer D Julie**  
Full Name (Last, First, Middle Initial)

Mailing Address 14845 Iron Horse Way

City Helotes State TX Zip Code 78023

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120317**

Amount of Each Receipt this Period  
**57.70**

\* Payroll Deduction: Biweekly

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

Mailing Address 190 Stone Ridge Dr

City East Greenwich State RI Zip Code 02818

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

Name of Employer CVS Health Occupation VP Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120233**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: Monthly

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

Mailing Address 3088 Covenant Cove Drive

City Jacksonville State FL Zip Code 32224

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120725**

Amount of Each Receipt this Period  
**40.00**

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **297.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 115
	<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. Fowler C Kathryn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 Williamsburg Drive  
City Gulf Breeze State FL Zip Code 32561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120387**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: Monthly

**B. Shafer Kay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6635 North 36th Street  
City Phoenix State AZ Zip Code 85018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Account Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1482.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120302**  
Amount of Each Receipt this Period **156.00**  
\* Payroll Deduction: Biweekly

**C. Chandra Keawe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 87-2133 Pakeke St  
City Waianae State HI Zip Code 96792-5402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation Field Training Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120455**  
Amount of Each Receipt this Period **30.00**  
\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>236.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Czarnecki R Ken</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120241</b>
Mailing Address 7803 Purdue Street		Amount of Each Receipt this Period 216.67
City Dallas	State TX	Zip Code 75225
FEC ID number of contributing federal political committee. C		* Payroll Deduction: Monthly
Name of Employer Caremark, L.L.C	Occupation SVP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.03	

Full Name (Last, First, Middle Initial) <b>B. Mcdonnell Kimberly</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120424</b>
Mailing Address 10260 E Whitefeather 2053		Amount of Each Receipt this Period 82.00
City Scottsdale	State AZ	Zip Code 85262
FEC ID number of contributing federal political committee. C		* Payroll Deduction: Monthly
Name of Employer CVS Caremark	Occupation VP, Medicare Health Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey R Knudson</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120236</b>
Mailing Address 65 Laurel Wood Drive		Amount of Each Receipt this Period 208.33
City East Greenwich	State RI	Zip Code 02818
FEC ID number of contributing federal political committee. C		* Payroll Deduction: Monthly
Name of Employer Caremark, L.L.C	Occupation Vice President Finance and Retail Cont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	507.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeff W Koelsch</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015 <b>Transaction ID : C3120308</b>
Mailing Address 8728 Plymouth Rd		Amount of Each Receipt this Period 57.70
City Alexandria	State VA	Zip Code 22308
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation VP Account Management FEP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.15	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Emmanuel Kolady</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120454</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Region Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Bell L Kurtis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120715</b>
Mailing Address 12 Colt Court		Amount of Each Receipt this Period 25.00
City Mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation District Manager, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 115
	<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. Mary Langowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 523 12th Street, NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation EVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1666.65**

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : C3120202**  
 Amount of Each Receipt this Period  
**333.33**  
 \* Payroll Deduction: Monthly

**B. Alaimo C Larry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15141 Azra Drive  
 City Odessa State FL Zip Code 33556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : C3120408**  
 Amount of Each Receipt this Period  
**41.67**  
 \* Payroll Deduction: Monthly

**C. Smith A Laura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6471 Twin Lakes  
 City Mason State OH Zip Code 45040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Account Executive Strategic  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.00**

Date of Receipt  
 09 / 18 / 2015  
**Transaction ID : C3120723**  
 Amount of Each Receipt this Period  
**30.00**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>405.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 115
	<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. John M Lavin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10505 E. Cactus Road  
 City State Zip Code  
 Scottsdale AZ 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C SVP Network Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120252**  
 Amount of Each Receipt this Period  
 125.00  
 \* Payroll Deduction: Monthly

**B. Shankman T Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10918 Sheridans Trail  
 City State Zip Code  
 Orland Park IL 60467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C VP, Finance  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120338**  
 Amount of Each Receipt this Period  
 62.50  
 \* Payroll Deduction: Monthly

**C. Gary Loeber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10027 Bluff Rd  
 City State Zip Code  
 Eden Prairie MN 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CVS Health SVP Trade Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120253**  
 Amount of Each Receipt this Period  
 125.00  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bennett O Lorraine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 S Shorewood Lane  
 City State Zip Code  
 Caryville TN 37714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C Reg Mgr, Log Ops/DC Hum Res  
 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  
 09 / 11 / 2015  
**Transaction ID : C3120596**  
 Amount of Each Receipt this Period  
 25.00  
 \* Payroll Deduction: Monthly

**B. Grant D IPil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Freeman Parkway  
 City State Zip Code  
 Providence MA 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C 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  
 09 / 11 / 2015  
**Transaction ID : C3120270**  
 Amount of Each Receipt this Period  
 100.00  
 \* Payroll Deduction: Monthly

**C. Feczko Lucia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23636 Hearthside Drive  
 City State Zip Code  
 Deer Park IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C Dir Specialty Pharmacy Program  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 665.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120327**  
 Amount of Each Receipt this Period  
 70.00  
 \* Payroll Deduction: Biweekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 115
	<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. Robles L Maria**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5187 Chesney Glen Dr  
City Castro Valley State CA Zip Code 94552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120394**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. Satre S Mark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11060 E. Winchcomb Dr.  
City Scottsdale State AZ Zip Code 85255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Project Management Office  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **876.85**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120315**  
Amount of Each Receipt this Period **92.30**  
\* Payroll Deduction: Biweekly

**C. Lynch E Marsha**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1939 Snover Ave  
City North Port State FL Zip Code 34286  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Advisor, Workforce Initiatives  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120693**  
Amount of Each Receipt this Period **25.00**  
\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>158.96</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 115
	<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. Olga Matlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062

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

Name of Employer CVS Caremark Occupation Sr Director, Analytics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 18 / 2015**

**Transaction ID : C3120809**

Amount of Each Receipt this Period  
**57.68**

\* Payroll Deduction: Biweekly

**B. Leonard J Matthew**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 Kettlepond Dr

City S Kingstown State RI Zip Code 02879

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

Name of Employer Caremark, L.L.C Occupation EVP Pharma Contr, Purch & Ntwk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120208**

Amount of Each Receipt this Period  
**250.00**

\* Payroll Deduction: Monthly

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

Mailing Address 87 Roselawn Road

City Highland Mills State NY Zip Code 10930

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

Name of Employer CVS Caremark Occupation SVP Asst General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120209**

Amount of Each Receipt this Period  
**250.00**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>557.68</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 115
	<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. Larry J Merlo**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clauson Court

City E Greenwich State RI Zip Code 02818

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120195**

Amount of Each Receipt this Period  
**416.66**

\* Payroll Deduction: Monthly

**B. Mary Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 6751 Verde Ridge Dr

City Cincinnati State OH Zip Code 45247-3290

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

Name of Employer CVS Health Occupation VP Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120435**

Amount of Each Receipt this Period  
**115.38**

\* Payroll Deduction: Biweekly

**C. Jaeger K Michael**  
Full Name (Last, First, Middle Initial)

Mailing Address 1302 Burgundy Court

City Southlake State TX Zip Code 76092

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

Name of Employer Caremark, L.L.C Occupation Dir Strategic Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120553**

Amount of Each Receipt this Period  
**30.00**

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>562.04</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 115
	<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. King L Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3809 Hanover Drive  
 City Mason State OH Zip Code 45040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1125.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120251**  
 Amount of Each Receipt this Period **125.00**  
 \* Payroll Deduction: Monthly

**B. Mcenany F Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 147 Benefit Street #3  
 City Providence State RI Zip Code 02903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VPMM  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120264**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Monthly

**C. Sarocka J Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15491 E Telegraph Dr  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Client Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120502**  
 Amount of Each Receipt this Period **50.00**  
 \* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **275.00**  
**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 63 OF 115
	(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. Stasiw E Michael**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Old Dutch Rd  
City Harleysville State PA Zip Code 19438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120689**  
Amount of Each Receipt this Period **25.00**  
\* Payroll Deduction: Monthly

**B. Becker Michele**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Fifth Street  
City Barnegat State CA Zip Code 08005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **306.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120686**  
Amount of Each Receipt this Period **34.00**  
\* Payroll Deduction: Biweekly

**C. Hu Min**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4048 N Kenneth  
City Chicago State IL Zip Code 60641  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Analytics & Outcomes  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.37**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120551**  
Amount of Each Receipt this Period **38.46**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **97.46**  
**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:	PAGE 64 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Giovanni Minardi</b>		Date of Receipt 09 / 18 / 2015 <b>Transaction ID : C3120462</b>
Mailing Address 200 Campus Drive Suite 310		Amount of Each Receipt this Period 57.70
City Florham Park	State NJ	Zip Code 07932
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation Senior Director, IT Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.50	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Thomas S Moffatt</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120265</b>
Mailing Address 29 Homestead Circle		Amount of Each Receipt this Period 100.00
City Kingston	State RI	Zip Code 02881
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation VP, Asst. Secretary & Asst. General Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Nicholas Monaco</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120442</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Caremark	Occupation Senior Director, Program Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	199.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 115
	<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

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

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

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

Mailing Address 41 Lake Rd

City Short Hills State NJ Zip Code 07078

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

Name of Employer CVS Caremark Occupation EVP & General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120196**

Amount of Each Receipt this Period  
**416.66**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**B. Kevin L Murphy Jr.**

Mailing Address 20 Narragansett Ave #503

City Narragansett State RI Zip Code 02882

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

Name of Employer CVS Caremark Occupation VP Infusion

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120219**

Amount of Each Receipt this Period  
**250.00**

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)  
**c. Thomas C Myatt**

Mailing Address 31 Cedarview Circle

City Milford State MA Zip Code 01757

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

Name of Employer Caremark, L.L.C Occupation Sr Director, IT Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120288**

Amount of Each Receipt this Period  
**62.50**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>729.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 115
	<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. Philip A Nalaboff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2498 Fielding Drive  
 City State Zip Code  
 Glenview IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C VP Specialty Pharmacy  
 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  
 09 / 11 / 2015  
**Transaction ID : C3120339**  
 Amount of Each Receipt this Period  
 83.33  
 \* Payroll Deduction: Monthly

**B. Farrell Neva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Lakeview Dr  
 City State Zip Code  
 Raymore MO 64083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120366**  
 Amount of Each Receipt this Period  
 41.67  
 \* Payroll Deduction: Monthly

**C. Smith K Norman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2402 North West 32nd St  
 City State Zip Code  
 Gainesville FL 32605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C District Manager, Fld Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120353**  
 Amount of Each Receipt this Period  
 41.66  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	166.66
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joan O'Rourke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1106 South Cleveland  
City Park Ridge State IL Zip Code 60068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Specialty Program Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1499.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120261**  
Amount of Each Receipt this Period **166.66**  
\* Payroll Deduction: Monthly

**B. Mary Owens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 724 Saddle Ridge  
City Crystal Lake State IL Zip Code 60012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Corp Communications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **252.89**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120564**  
Amount of Each Receipt this Period **26.62**  
\* Payroll Deduction: Biweekly

**C. Anthony M Palmieri**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16553 North 104th Street  
City Scottsdale State AZ Zip Code 85255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP, Clinical  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **730.74**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120446**  
Amount of Each Receipt this Period **76.92**  
\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>270.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 115
	(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. David Palombi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer CVS Health Occupation SVP, Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120210**

Amount of Each Receipt this Period  
 250.00

\* Payroll Deduction: Monthly

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

Mailing Address 2117 Pioneer Rd

City Evanston State IL Zip Code 60201

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

Name of Employer CVS Health Occupation VP Brand Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120450**

Amount of Each Receipt this Period  
 57.70

\* Payroll Deduction: Biweekly

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

Mailing Address 200 Highland Corporate Drive

City Cumberland State RI Zip Code 02865

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

Name of Employer CVS Health Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120226**

Amount of Each Receipt this Period  
 200.00

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 507.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 115
	<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. Meier G Patricia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 Trail End Road  
 City Burleson State TX Zip Code 76028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **415.26**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120629**  
 Amount of Each Receipt this Period **46.14**  
 \* Payroll Deduction: Biweekly

**B. Ponczkowski L Patricia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 421 Brierhill  
 City Round Lake Park State IL Zip Code 60073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Membership Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120539**  
 Amount of Each Receipt this Period **40.00**  
 \* Payroll Deduction: Biweekly

**C. Reilly J Patrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Highland View Dr  
 City Sutton State MA Zip Code 01590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Sr Advisor Trade Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **219.26**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120729**  
 Amount of Each Receipt this Period **23.08**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>109.22</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Angela Patterson</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 200 Exchange St. #1413		<b>Transaction ID : C3120246</b>
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer CVS Caremark	Occupation MC, Chief Nursing Officer	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Stivender Paul</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 300 Overbrook Road		<b>Transaction ID : C3120256</b>
City Birmingham	State AL	Zip Code 35213
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.33	
Name of Employer Caremark, L.L.C	Occupation SVP Facilities	* Payroll Deduction: Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 974.97	

Full Name (Last, First, Middle Initial) <b>C. Harries Paula</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 16800 El Lago Blvd # 2035 # 2035		<b>Transaction ID : C3120343</b>
City Fountain Hills	State AZ	Zip Code 85268
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 57.70	
Name of Employer Caremark, L.L.C	Occupation Dir Marketing Research	* Payroll Deduction: Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.45	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 OF 115 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kathy Jo Payette</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120227</b>
Mailing Address 94 West St		Amount of Each Receipt this Period 200.00
City East Greenwich	State RI	Zip Code 02818-3321
FEC ID number of contributing federal political committee. C		
Name of Employer CVS CAREMARK CORPORATION	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Alejandro Perez-Tenessa</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120433</b>
Mailing Address 60a E Manning St		Amount of Each Receipt this Period 41.66
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		
Name of Employer CVS Health	Occupation VPMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Horn C Peter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015 <b>Transaction ID : C3120739</b>
Mailing Address 10716 Camelot Dr		Amount of Each Receipt this Period 40.00
City Frisco	State TX	Zip Code 75035
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Mgr Implementations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	281.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Leo Phenix**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Driftwood Drive  
City Barrington State RI Zip Code 02806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation Dir Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120811**  
Amount of Each Receipt this Period **38.46**  
\* Payroll Deduction: Biweekly

**B. Douglas W Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Dunbarton Road  
City Needham State MA Zip Code 02492  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP & Assistant General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120199**  
Amount of Each Receipt this Period **400.00**  
\* Payroll Deduction: Monthly

**C. Donna K Pitts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6162 N. Co. Rd.800 East  
City Milan State IN Zip Code 47031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120657**  
Amount of Each Receipt this Period **24.00**  
\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>462.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 115
<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. Kenneth Plymale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 CVS Drive  
City Woonsocket State RI Zip Code 02895  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation District Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120456**  
Amount of Each Receipt this Period **500.00**  
\* Payroll Deduction: Monthly

**B. Shah Prem**  
Full Name (Last, First, Middle Initial)  
Mailing Address 715 Weedon Dr Ne  
City Saint Petersburg State RI Zip Code 33702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation VP Specialty Pharmacy  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120214**  
Amount of Each Receipt this Period **250.00**  
\* Payroll Deduction: Monthly

**C. Ann Louise Puopolo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39-2 Commercial Wharf Eas  
City Boston State MA Zip Code 02110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation VP Quality and Safety  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120240**  
Amount of Each Receipt this Period **200.00**  
\* Payroll Deduction: Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David W Purdy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4309 Artesian Cove Court

City State Zip Code  
Denver NC 28037

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**666.68**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120389**

Amount of Each Receipt this Period  
**83.33**

\* Payroll Deduction: Monthly

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

Mailing Address 30 Brookway Rd

City State Zip Code  
Providence RI 02906-4821

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

Name of Employer Occupation  
Caremark, L.L.C Sr Director,HR Bus Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**312.50**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120368**

Amount of Each Receipt this Period  
**62.50**

\* Payroll Deduction: Monthly

**C. Hatfield Randall**  
Full Name (Last, First, Middle Initial)

Mailing Address 6940 Wyndham Pointe Ln.

City State Zip Code  
Knoxville TN 37931

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

Name of Employer Occupation  
Caremark, L.L.C HR Business Partner I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**374.94**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : C3120311**

Amount of Each Receipt this Period  
**41.66**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>187.49</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 115
	<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. Orel A Rhodes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3904 Eagle Lake Court  
City Arlington State TX Zip Code 76016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Dir Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 246.20

Date of Receipt 09 / 18 / 2015  
**Transaction ID : C3120533**  
Amount of Each Receipt this Period 30.76  
\* Payroll Deduction: Biweekly

**B. Molchan D Richard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 Margery Lane  
City Westwood State MA Zip Code 02090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Vice President, Visual Merch  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120263**  
Amount of Each Receipt this Period 125.00  
\* Payroll Deduction: Monthly

**C. Brauer C Robert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Sheffield Court  
City Hackettstown State NJ Zip Code 07840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120395**  
Amount of Each Receipt this Period 41.66  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 197.42  
**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 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 12 Bayberry Ct

City Lincoln State RI Zip Code 02865-4802

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120284**

Amount of Each Receipt this Period  
**80.00**

\* Payroll Deduction: Monthly

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

Mailing Address 6516 W. Tonopah Dr

City Glendale State IN Zip Code 85308

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120380**

Amount of Each Receipt this Period  
**40.00**

\* Payroll Deduction: Monthly

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

Mailing Address 1092 Bloomsbury Run

City Lake Mary State FL Zip Code 32746

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120412**

Amount of Each Receipt this Period  
**83.33**

\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>203.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 115
	<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. Finch Ronald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12236 Juniper

City Overland Park	State KS	Zip Code 66209
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
547.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

**Transaction ID : C3120388**

Amount of Each Receipt this Period  
57.68

\* Payroll Deduction: Biweekly

**B. Link E Ronald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 Watch Hill

City East Greenwich	State RI	Zip Code 02818
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1620.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3120238**

Amount of Each Receipt this Period  
180.00

\* Payroll Deduction: Monthly

**C. Jamesmeyer M Ronda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2733 Lakeridge Ln

City Carrollton	State TX	Zip Code 75006
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

**Transaction ID : C3120531**

Amount of Each Receipt this Period  
40.00

\* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	277.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Navagamuwa Roshan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120237</b>
Mailing Address 996 Beverly Pl			Amount of Each Receipt this Period 200.00
City Lake Forest	State IL	Zip Code 60045-3907	
FEC ID number of contributing federal political committee. C			
Name of Employer CVS Health	Occupation VP, IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
			* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Williams L Sabrina</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015 <b>Transaction ID : C3120304</b>
Mailing Address 2609 W Via Vista			Amount of Each Receipt this Period 100.00
City Phoenix	State AZ	Zip Code 85086	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation VP Account Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		
			* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>C. Smith L Sandra</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120359</b>
Mailing Address 8 Phillips Pond Rd			Amount of Each Receipt this Period 28.84
City Natick	State MA	Zip Code 01760	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Divisional Merchandising Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.56		
			* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	328.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 115
	<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. Stafford E Sarah**  
Full Name (Last, First, Middle Initial)  
Mailing Address 357 Rio Del Mar Blvd  
City Aptos State CA Zip Code 95003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **340.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120770**  
Amount of Each Receipt this Period **40.00**  
\* Payroll Deduction: Biweekly

**B. MICHAEL D SARGENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Schooner Ridge Rd  
City Portland State ME Zip Code 04110-1127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS CAREMARK CORPORATION Occupation GOVERNMENT AFFAIRS DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120289**  
Amount of Each Receipt this Period **41.67**  
\* Payroll Deduction: Monthly

**C. Marissa Schlaifer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 N. Stuart St. #400 #400  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation Sr Director, Government Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1477.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120275**  
Amount of Each Receipt this Period **184.60**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **266.27**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 115
	<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. Greg J Sciarra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Hazard Avenue  
 City Providence State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Sr Director, Fin Third Party  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **562.50**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120351**  
 Amount of Each Receipt this Period **62.50**  
 \* Payroll Deduction: Monthly

**B. Mcelfresh D Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Coventry Ln  
 City Oxford State CT Zip Code 06478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120413**  
 Amount of Each Receipt this Period **50.00**  
 \* Payroll Deduction: Monthly

**C. Robert Sendewicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Sr. Director, IT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **950.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120493**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **212.50**  
**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 81 OF 115
	<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. Eaton R Shawn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 638 Ivywood Dr  
 City Tallmadge State OH Zip Code 44278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120290**  
 Amount of Each Receipt this Period **83.33**  
 \* Payroll Deduction: Monthly

**B. Edge R Shelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Barber Loop  
 City Mooresville State GA Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.97**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120280**  
 Amount of Each Receipt this Period **83.33**  
 \* Payroll Deduction: Monthly

**C. Stutz S Shereen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 162 Sunrise Drive  
 City Irwin State PA Zip Code 15642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Dir Program Management  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **547.96**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120560**  
 Amount of Each Receipt this Period **57.68**  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>224.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bonnie Shimko</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120371</b>
Mailing Address 21432 Bella Terra Blvd			Amount of Each Receipt this Period 54.17
City Estero	State FL	Zip Code 33928	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation Pharmacy Supervisor, Fld Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.53		
			* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. William Shrank</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120247</b>
Mailing Address 4801 Langdrum Lane			Amount of Each Receipt this Period 150.00
City Chevy Chase	State RI	Zip Code 20815	
FEC ID number of contributing federal political committee. C			
Name of Employer CVS Caremark	Occupation CMO,Provider Innov & Analytic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		
			* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Peter D Simmons</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : C3120268</b>
Mailing Address 5 Daffodil Ln			Amount of Each Receipt this Period 100.00
City Medway	State MA	Zip Code 02053	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark, L.L.C	Occupation VP Product Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
			* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 115
	<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. Jeffrey Sinko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer CVS Health Occupation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
09 / 11 / 2015  
Transaction ID : C3120212

Amount of Each Receipt this Period  
250.00

\* Payroll Deduction: Monthly

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

Mailing Address 12964 W Eagle Ridge Lane

City Peoria State IL Zip Code 85383

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1463.00

Date of Receipt  
09 / 18 / 2015  
Transaction ID : C3120373

Amount of Each Receipt this Period  
154.00

\* Payroll Deduction: Biweekly

**C. Heidenthal E Stephen**  
Full Name (Last, First, Middle Initial)

Mailing Address 183 Misty Meadow Ln

City North Kingstown State RI Zip Code 02852-3712

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
09 / 11 / 2015  
Transaction ID : C3120276

Amount of Each Receipt this Period  
100.00

\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 504.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Manning W Stephen</b>		Date of Receipt 09 / 18 / 2015 <b>Transaction ID : C3120333</b>
Mailing Address 12 Berkeley Pl		Amount of Each Receipt this Period 76.92
City Montclair	State NJ	Zip Code 07042
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Rill T Stephen</b>		Date of Receipt 09 / 18 / 2015 <b>Transaction ID : C3120337</b>
Mailing Address 1205 W Winchester Rd		Amount of Each Receipt this Period 70.00
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation VP Area Sales TPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>C. Vaudry L Stephen</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120285</b>
Mailing Address 7 Jasons Grant Drive		Amount of Each Receipt this Period 40.00
City Cumberland	State RI	Zip Code 02864
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Caremark, L.L.C	Occupation Manager III, Pharmacy Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Kunz A Steven</b>		Date of Receipt 09 / 18 / 2015 <b>Transaction ID : C3120383</b>
Mailing Address 156 Prince Street, Apt 3d		Amount of Each Receipt this Period 70.00
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Sales Executive Strategic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>B. Schaper C Steven</b>		Date of Receipt 09 / 18 / 2015 <b>Transaction ID : C3120549</b>
Mailing Address 17 Sugar Hill Road		Amount of Each Receipt this Period 40.00
City Kinnelon	State NJ	Zip Code 07405
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	* Payroll Deduction: Biweekly

Full Name (Last, First, Middle Initial) <b>C. Delmonico M Susan</b>		Date of Receipt 09 / 11 / 2015 <b>Transaction ID : C3120465</b>
Mailing Address 12 Mulberry Circle		Amount of Each Receipt this Period 25.00
City Johnston	State RI	Zip Code 02919
FEC ID number of contributing federal political committee. C		
Name of Employer Caremark, L.L.C	Occupation Exec Advisor, Compl Rx Reg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mcdonough C Susanne</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : C3120404</b>
Mailing Address 6530 Hunting Creek Drive		Amount of Each Receipt this Period 41.66
City Liberty Township	State OH	Zip Code 45044
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	Occupation HR Business Partner I
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	
		* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>B. Andrew J Sussman</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : C3120201</b>
Mailing Address 7 Donnelly Dr		Amount of Each Receipt this Period 416.66
City Dover	State MA	Zip Code 02030
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	Occupation SVP ACMO and Pres & COO MC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	
		* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial) <b>C. Verdis Tanya</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : C3120409</b>
Mailing Address 91-1200 Keaunui Dr #17		Amount of Each Receipt this Period 41.66
City Ewa Beach	State HI	Zip Code 96706
FEC ID number of contributing federal political committee. C	Name of Employer Caremark, L.L.C	Occupation District Manager, Fld Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	
		* Payroll Deduction: Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Terry M Theresa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 Bossardsville Rd  
 City Stroudsburg State PA Zip Code 18360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.74**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120376**  
 Amount of Each Receipt this Period **76.92**  
 \* Payroll Deduction: Biweekly

**B. Maryanski D Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Restoration Drive  
 City Birmingham State TN Zip Code 35226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Customer Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.37**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120518**  
 Amount of Each Receipt this Period **38.46**  
 \* Payroll Deduction: Biweekly

**C. Pawlik D Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 S. Dryden Place  
 City Arlington Heights State RI Zip Code 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation VP Compliance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120239**  
 Amount of Each Receipt this Period **200.00**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>315.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Warren T Timothy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1022 Eagle Mountain Lane  
City Birmingham State GA Zip Code 35242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Region Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120397**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**B. Sheer E Tommy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14845 Iron Horse Way  
City Helotes State TX Zip Code 78023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Region Pharmacy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120313**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: Monthly

**C. Fields R Tracy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2111 Antsla Sands  
City San Antonio State MO Zip Code 78251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Dir Client Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120675**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **141.66**  
**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 89 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tobin B Tracy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Indian Paintbrush Dr.  
 City State Zip Code  
 Rockwall TX 75087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C Field Training Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120355**  
 Amount of Each Receipt this Period  
 41.66  
 \* Payroll Deduction: Monthly

**B. Cia Tucci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Hazard Avenue  
 City State Zip Code  
 Providence RI 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Vice President Merchandising, Store Br  
 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  
 09 / 11 / 2015  
**Transaction ID : C3120250**  
 Amount of Each Receipt this Period  
 150.00  
 \* Payroll Deduction: Monthly

**C. David R Valois**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Middle Rd  
 City State Zip Code  
 East Greenwich RI 02818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caremark, L.L.C VP, Talent Acquisition  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120230**  
 Amount of Each Receipt this Period  
 200.00  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Susan Vandersall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7015 St Ives Blvd  
City Hudson State OH Zip Code 44236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Sr Director, Talent Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120400**  
Amount of Each Receipt this Period **62.50**  
\* Payroll Deduction: Monthly

**B. Goad R Vernon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2290 Snowfall Ct  
City Odenton State MD Zip Code 21113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Marketing Manager, Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **374.94**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120401**  
Amount of Each Receipt this Period **41.66**  
\* Payroll Deduction: Monthly

**C. Tworek T Virginia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 Mile Creek Lane  
City Chesapeake State VA Zip Code 23322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation PIC/Team Leader FT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120717**  
Amount of Each Receipt this Period **40.00**  
\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **144.16**  
**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 91 OF 115
<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. Ann Walker-Jenkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 S Barton St  
Apt. 296  
City Arlington State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Caremark Occupation Exec Advisor, Govt Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 547.96

Date of Receipt 09 / 18 / 2015  
**Transaction ID : C3120791**  
Amount of Each Receipt this Period 57.68  
\* Payroll Deduction: Biweekly

**B. Washburn R Walter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1205 Cambridge Dr  
City Carrollton State TX Zip Code 75007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Sr Manager, Performance Eng  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2015  
**Transaction ID : C3120719**  
Amount of Each Receipt this Period 30.00  
\* Payroll Deduction: Biweekly

**C. Calvin Wasdyke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 CVS Drive  
City Woonsocket State RI Zip Code 02895  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation SVP, Pharmacy & Clinical Programs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : C3120215**  
Amount of Each Receipt this Period 250.00  
\* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	337.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hanley H Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10706 Club Chase  
 City Fishers State IN Zip Code 46038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation SVP, Operations East Division  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120231**  
 Amount of Each Receipt this Period **200.00**  
 \* Payroll Deduction: Monthly

**B. Carolyn A Wiesenhahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Hinckley Road  
 City Milton State MA Zip Code 02186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP & Sr Legal Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120279**  
 Amount of Each Receipt this Period **100.00**  
 \* Payroll Deduction: Monthly

**C. Baker William**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2070 Melrose Ave  
 City Iowa City State IA Zip Code 52246-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Pharmacy Supervisor, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120436**  
 Amount of Each Receipt this Period **41.67**  
 \* Payroll Deduction: Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>341.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 115
	<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. Jusko R William**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 S MO Pac Expy  
 Apt 222  
 City Austin State TX Zip Code 78746-7535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Logistics  
 Receipt For:  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  
 09 / 11 / 2015  
**Transaction ID : C3120287**  
 Amount of Each Receipt this Period  
 41.67  
 \* Payroll Deduction: Monthly

**B. West L William**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7903 Orion Circle 380e  
 City Laurel State WV Zip Code 20724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation District Manager, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120363**  
 Amount of Each Receipt this Period  
 41.66  
 \* Payroll Deduction: Monthly

**C. Yates N William**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4250 St Claire Drive  
 City Columbia State SC Zip Code 29206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation Advisor Project Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120326**  
 Amount of Each Receipt this Period  
 60.00  
 \* Payroll Deduction: Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 115
<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. Kathleen Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Campus Drive  
 City Florham Park State NJ Zip Code 07932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Health Occupation Head of Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120232**  
 Amount of Each Receipt this Period  
 200.00  
 \* Payroll Deduction: Monthly

**B. Christopher Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Tiffany Road  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVS Caremark Occupation VP Market Intelligence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : C3120428**  
 Amount of Each Receipt this Period  
 100.00  
 \* Payroll Deduction: Biweekly

**C. Clay O Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1253 Lake Trace Cove  
 City Birmingham State AL Zip Code 35244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Caremark, L.L.C Occupation VP Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120254**  
 Amount of Each Receipt this Period  
 120.00  
 \* Payroll Deduction: Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 115
	<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. Erik Woehrmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 752 Merrill Ln  
City Grayslake State IL Zip Code 60030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CVS Health Occupation Exec Advisor, Govt Affairs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120423**  
Amount of Each Receipt this Period **62.50**  
\* Payroll Deduction: Monthly

**B. Patel V Yagnesh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4125 Royal Troon Ct  
City Saint Charles State IL Zip Code 60174  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation Mgr, Prof & College Relations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **209.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : C3120702**  
Amount of Each Receipt this Period **22.00**  
\* Payroll Deduction: Biweekly

**C. Southwell Yvonne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6323 Valley View Lane  
City Long Grove State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caremark, L.L.C Occupation VP Medical Affairs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **693.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : C3120318**  
Amount of Each Receipt this Period **77.00**  
\* Payroll Deduction: Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **161.50**  
**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 97 OF 115
	<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.** Full Name (Last, First, Middle Initial)  
**John R Zevzavadjian**

Mailing Address 376 Sage Trail

City North Kingston      State RI      Zip Code 02852

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

Name of Employer Caremark, L.L.C      Occupation VP Managed Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : C3120283**

Amount of Each Receipt this Period  
50.00

\* Payroll Deduction: Monthly

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

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27565.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BUCK FOR COLORADO**

Mailing Address P.O. BOX 338018

City State Zip Code  
GREELEY CO 80633

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Ken Buck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : D168503**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Charles Boustany, Jr. MD for Congress**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : D168499**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Sherrod Brown**

Mailing Address 426 C Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Voided contribution

Candidate Name

**Sen. Sherrod Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

**Transaction ID : D168145**

Amount of Each Disbursement this Period

-	3	0	0	0	0	0	0	0	0

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

-	1	0	0	0	0	0	0	0	0

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

-	1	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Georgians for Isakson (R-GA)**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Sen. Johnny Isakson**

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

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : D168502**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. McHenry for Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Rep. Patrick T. McHenry**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : D168501**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Rep. Gus Bilirakis**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : D168504**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Rep. Pete Olson**

Office Sought:  House  
 Senate  
 President  
State: TX District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : D168500**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address PO BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
Contributions to federal committees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168359**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contributions to federal candidates

Candidate Name  
**Sen. Ron Wyden**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : D168498**

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Charles Schwertner Campaign**

Mailing Address P.O. Box 2449

City Georgetown State TX Zip Code 78627

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168508**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Charlie Green Campaign**

Mailing Address 2900 Montgomery

City Fort Worth State TX Zip Code 76107

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168531**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Cindy Burkett for State Representative**

Mailing Address PO Box 850975

City Mesquite State TX Zip Code 75185

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168538**

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Brian Bosma**

Mailing Address PO Box 44054

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168576**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jason Isaac**

Mailing Address 100 Commons Road  
Suite 7-125

City Dripping Springs State TX Zip Code 78620

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168562**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Drew Darby Campaign**

Mailing Address PO Box 3284

City San Angelo State TX Zip Code 76902

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168544**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Eddie Lucio Campaign**

Mailing Address 5136 Sugar Mill Road

City San Antonio State TX Zip Code 78256

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D168569**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Federal Election Commission**

Mailing Address 999 E Street, NW

City Washington State DC Zip Code 20463

Purpose of Disbursement  
Administrative fine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D168497**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Four Price**

Mailing Address 1626 South Washington

City Amarillo State TX Zip Code 79102

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D168532**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Brandon Creighton**

Mailing Address 19 Woods Estate Drive

City Conroe State TX Zip Code 77304

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168509**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Garnet Coleman Campaign**

Mailing Address PO Box 88140

City Houston State TX Zip Code 77288-0140

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168541**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Giovanni Capriglione Campaign**

Mailing Address 1205 South White Chapel Blvd

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168539**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Greg Bonnen Campaign**

Mailing Address PO Box 1183

City Friendswood State TX Zip Code 77549

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168537**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Greg Treat for Senate**

Mailing Address 11328 Cimarrun Drive

City Oklahoma City State OK Zip Code 73162

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

**Transaction ID : D168280**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Jane Nelson Campaign**

Mailing Address PO Box 608

City Grapevine State TX Zip Code 76009-0608

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168507**

Amount of Each Disbursement this Period

2000.00

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

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

3750.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. John Zerwas Campaign**

Mailing Address 1012 Morton Street

City Richmond State TX Zip Code 77469

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168533**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Ken King Campaign**

Mailing Address PO Box 517

City Canadian State TX Zip Code 79014

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168564**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Sheets for State Representative**

Mailing Address 6333 East Mockingbird Lane

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Contributinos to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168530**

Amount of Each Disbursement this Period

5000.00

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

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

8000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Lyle Larson Campaign**

Mailing Address PO Box 171148

City San Antonio State TX Zip Code 78217

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168567**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Morgan Meyer for Texas**

Mailing Address 3232 McKinney Avenue  
Suite 660

City Dallas State TX Zip Code 75204

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168570**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Nicole Collier Campaign**

Mailing Address PO Box 24241

City Fort Worth State TX Zip Code 76124-1241

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168542**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Oscar Longoria Campaign**

Mailing Address PO Box 4224

City Mission State TX Zip Code 78572

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168568**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ramon Romero for State Representative**

Mailing Address PO Box 181

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168573**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rep. Carol Alvarado**

Mailing Address PO Box 2910  
TXSC

City Austin State TX Zip Code 78768-2910

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: TX District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015

**Transaction ID : D168534**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Rep. Jose Menendez**

Mailing Address PO Box 761780

City San Antonio State TX Zip Code 78245

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: TX District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168523**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Roland Guterrez Campaign**

Mailing Address 1426 Napier

City San Antonio State TX Zip Code 78214

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168547**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Sarah Davis Campaign**

Mailing Address 4203 Tennyson Street

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : D168545**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Senfronia Thompson Campaign**

Mailing Address 7611 Sterlingshire

City Houston State TX Zip Code 77016

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 18 / 2015

**Transaction ID : D168575**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Chris Paddie Campaign**

Mailing Address PO Box 8259

City Marshall State TX Zip Code 75671

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 18 / 2015

**Transaction ID : D168571**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Texans for Dade**

Mailing Address 2825 Nall Street  
#19B

City Port Neches State TX Zip Code 77651

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 18 / 2015

**Transaction ID : D168572**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Texans for Dan Patrick</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address P.O. Box 70073		<b>Transaction ID : D168505</b>
City Houston	State TX	
Zip Code 77270		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Contributions to state candidates	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Texans for Greg Abbott</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address P.O. Box 308		<b>Transaction ID : D168413</b>
City Austin	State TX	
Zip Code 78767		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Contributions to state candidates	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Texans for Joe Straus</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 4040 Briadway Suite 504		<b>Transaction ID : D168506</b>
City San Antonio	State TX	
Zip Code 78209		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Contributions to state candidates	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30000.00
<b>TOTAL</b> 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Todd Hunter Campaign**

Mailing Address 445 Cape Henry Drive

City State Zip Code  
Corpus Christi TX 78412

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 18 / 2015

Transaction ID : D168549

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tracy King Campaign**

Mailing Address PO Box 418

City State Zip Code  
Batesville TX 78829

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 18 / 2015

Transaction ID : D168565

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Travis for Texas**

Mailing Address 209 East Main Street

City State Zip Code  
Irving TX 75061

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 18 / 2015

Transaction ID : D168540

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Trent Ashby Campaign**

Mailing Address PO Box 412

City Lufkin State TX Zip Code 75902

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 18 / 2015

**Transaction ID : D168536**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Wayne Smith Campaign**

Mailing Address PO Box 4020

City Baytown State TX Zip Code 77520

Purpose of Disbursement  
Contributions to state candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 18 / 2015

**Transaction ID : D168574**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

2000.00

82412.00