

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CVS Health PAC

ADDRESS (number and street)

1275 Pennsylvania Avenue, NW

Suite 700

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00384818

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

31

2016

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

Type or Print Name of Treasurer Billy Raines

Signature of Treasurer

Billy Raines

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

19

2016

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CVS Health PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		168626.29
(b) Cash on Hand at Beginning of Reporting Period.....	416868.65	
(c) Total Receipts (from Line 19)	32271.14	375300.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	449139.79	543926.50
7. Total Disbursements (from Line 31)	69000.00	163786.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380139.79	380139.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CVS Health PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2016

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).....

28420.93

185552.81

(ii) Unitemized

3850.21

72221.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

32271.14

257774.11

(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) ►

32271.14

257774.11

12. Transfers From Affiliated/Other

Party Committees.....

0.00

117526.10

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))..... ►

32271.14

375300.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

32271.14

375300.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	250.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	250.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	149500.00
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	236.71
(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	236.71
29. Other Disbursements	19000.00	13800.00
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)) ..	69000.00	163786.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69000.00	163786.71

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)	32271.14	257774.11
34. Total Contribution Refunds (from Line 28(d))	0.00	236.71
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32271.14	257537.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	250.00
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	250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Richard Ancil JR.

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

Exec Advisor,Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-253

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lora Armstrong

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP,Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-501

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lora Armstrong

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP,Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-880

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

160.25

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 7 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Kray Arnold

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,Enterprise Systems

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-613

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kristina Arnoux

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

Sr Advisor,Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-502

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kristina Arnoux

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

Sr Advisor,Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-881

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

73.46

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 8 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Raymond Auger

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

SVP,IT Retail Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-257

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael AyotteMailing Address 1275 Pennsylvania Ave NW
Ste 700

City

Washington

State

DC

Zip Code

20004-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP,State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-258

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tracy Bahl

Mailing Address 695 George Washington Hwy

City

Lincoln

State

RI

Zip Code

02865-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP Health Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2333.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-614

Amount of Each Receipt this Period

333.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

420.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Cheryl Bailey

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head, Specialty

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1038.45

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-503

Amount of Each Receipt this Period

69.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cheryl Bailey

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head, Specialty

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1038.45

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-882

Amount of Each Receipt this Period

69.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Neal Baker

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Chief Privacy Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-615

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

188.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 148

<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. Scott Baker

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

EVP, Head of Retail Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2333.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-260

Amount of Each Receipt this Period

333.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Baker

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

Pharmacy Supv, Fld Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-261

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Barron

Mailing Address 1700 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Digital Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-265

Amount of Each Receipt this Period

62.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

437.50

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 11 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Michele Becker

Mailing Address 51 Bananier Dr

City

Toms River

State

NJ

Zip Code

08755-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-73

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michele Becker

Mailing Address 51 Bananier Dr

City

Toms River

State

NJ

Zip Code

08755-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-702

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alan Bell

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

54.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 148

(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Alan Bell

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : 20160802133812-653

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alan Bell

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : 20160816155247-430

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Bell

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

Sr Advisor, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 20160802133812-504

Amount of Each Receipt this Period

28.84

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.84

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)

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Katherine Bell

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

Sr Advisor, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-883

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Francis Berkowitz

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

District Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-269

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dimitri Betses

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

SVP, Government Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-616

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. James Bilger

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Customer Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-617

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Bisaccia

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

EVP, CVS Health & CHRO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-271

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott BondMailing Address 750 W John Carpenter Fwy
Ste 1200

City

Irving

State

TX

Zip Code

75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

Transaction ID : 20160802133812-506

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

471.66

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Scott Bond

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : 20160802133812-885

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eileen Boone

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

SVP, Corp Social Resp and Phil

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 20160802133812-273

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eva Boratto

Mailing Address 200 Highland Corporate Dr

City Cumberland State RI Zip Code 02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Finance & Control CVS Heal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 20160802133812-274

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Diane Bourque

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

Sr Director, IT Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-276

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Brauer

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-277

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Karen Brown

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, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-280

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

304.16

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Michael Buckless

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 Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-282

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Buckley

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Pharm & Clinical Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-619

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frederick Burns

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

Director, Materials Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-510

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

285.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Frederick Burns

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

Director, Materials Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : 20160802133812-889

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cheryl Byron

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

Director, Strategic Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 20160802133812-511

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cheryl Byron

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

Director, Strategic Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : 20160802133812-890

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. David Casey

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, Diversity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-283

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Henry Casillas

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

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-284

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony Caskey

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-285

Amount of Each Receipt this Period

28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

378.85

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Gregory Cassin

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-286

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carolyn Castel

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, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-287

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mark Celebre

Mailing Address 201 E 4th St
900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-27

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

303.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 148

(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Mark Celebre

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	6

Transaction ID : 20160802133812-655

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Celebre

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	6

Transaction ID : 20160816155247-431

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Christal

Mailing Address 670 Post Rd

Ste 210

City

Scarsdale

State

NY

Zip Code

10583-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP, Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-291

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Keith Christensen

Mailing Address 695 George Washington Hwy

City

Lincoln

State

RI

Zip Code

02865-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-292

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Antonios ClapsisMailing Address 1275 Pennsylvania Ave NW
Ste 700

City

Washington

State

DC

Zip Code

20004-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP,Business Development BP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-620

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Clark

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP,Finance External Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-294

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

217.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 148

<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. Stephen Cohan

Mailing Address 695 George Washington Hwy

City
LincolnState
RIZip Code
02865-4257FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1459.50

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-297

Amount of Each Receipt this Period

208.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darrell Cole II

Mailing Address 1 Cvs Dr

City
WoonsocketState
RIZip Code
02895-6146FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Supv,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-298

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Collins

Mailing Address 1920 Enterprise Pkwy

City
TwinsburgState
OHZip Code
44087-2208FEC 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 ▼

291.62

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-299

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

255.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 148
(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jeremy Colvin

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : 20160802133812-28

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Colvin

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : 20160802133812-656

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Colvin

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : 20160816155247-432

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

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 25 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Bryan Cook

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

Exec Advisor,Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-303

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Cox

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 Store Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-305

Amount of Each Receipt this Period

166.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher Crisafulli

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-306

Amount of Each Receipt this Period

62.49

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.82

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. John Culbreth

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-307

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roselin Daniel

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, IT Government Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-621

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amita Dasmahapatra

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

Sr Director, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-514

Amount of Each Receipt this Period

28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

99.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 148

(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Amita Dasmahapatra

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

Sr Director, Medical Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 20160802133812-893

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Davis

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, Pharmacy Professional Serv

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-308

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol De Nale

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Treasurer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-309

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

320.51

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 148

<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. Tanya Demattia

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

District Manager,Lic Fld Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-311

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patrick Dennis

Mailing Address 1 Great Valley Blvd

City

Wilkes Barre

State

PA

Zip Code

18706-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,PBM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

Transaction ID : 20160802133812-515

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patrick Dennis

Mailing Address 1 Great Valley Blvd

City

Wilkes Barre

State

PA

Zip Code

18706-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,PBM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	6

Transaction ID : 20160802133812-894

Amount of Each Receipt this Period

28.85

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99.36

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. David Denton

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

EVP & CFO, CVS Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-312

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Edward Devaney

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

Division Head, Aetna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-516

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edward Devaney

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

Division Head, Aetna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-895

Amount of Each Receipt this Period

28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

266.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 148

<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. Heidi Devlin

Mailing Address 1026 Park East Dr

City

Woonsocket

State

RI

Zip Code

02895-6181

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Advertising

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-313

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amanda Dixon

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

Pharmacy Supv, Fld Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-316

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Dixon

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

Transaction ID : 20160802133812-517

Amount of Each Receipt this Period

80.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

221.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 148

<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. James Dixon

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 20160802133812-896

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meredith Dixon

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

Assoc Chief Nurse,MC

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-317

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Albert Dowling

Mailing Address 1920 Enterprise Pkwy

City

Twinsburg

State

OH

Zip Code

44087-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Supv,Fld Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-319

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

163.33

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Michele Driscoll

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, Retail Pricing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-320

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Dwyer

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

Pharmacy Supv,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-322

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shawn Eaton

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

Region Manager,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-323

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Shelly Edge

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-324

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 01 / 2016

Transaction ID : 20160802133812-31

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 15 / 2016

Transaction ID : 20160802133812-659

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

123.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 148

<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. Brian Egan

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	1	6		

Transaction ID : 20160816155247-435

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia Engstrom

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Advisor, Project Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

Transaction ID : 20160802133812-520

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia Engstrom

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Advisor, Project Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2			2	0	1	6		

Transaction ID : 20160802133812-899

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.46

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 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. David Falkowski

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

SVP & Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-326

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Farrar

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

Director, Talent Acquisition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-328

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Neva Farrell

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

Sr Manager, Rx Prod Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-329

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.33

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 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Arvid Faudskar II

Mailing Address 4121 E Cotton Center Blvd

City

Phoenix

State

AZ

Zip Code

85040-8849

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-521

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Arvid Faudskar II

Mailing Address 4121 E Cotton Center Blvd

City

Phoenix

State

AZ

Zip Code

85040-8849

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-900

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lucia Feczko

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director RPh,Special Pharm Pgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-522

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

111.92

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 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Lucia Feczko

Mailing Address 2211 Sanders Rd

City State Zip Code
 Northbrook IL 60062-6150

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

Director RPh,Special Pharm Pgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2016

Transaction ID : 20160802133812-901

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tracy Fields

Mailing Address 6935 Alamo Downs Pkwy

City State Zip Code
 San Antonio TX 78238-4519

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

Director,Strategic Accounts IC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 08 2016

Transaction ID : 20160802133812-523

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tracy Fields

Mailing Address 6935 Alamo Downs Pkwy

City State Zip Code
 San Antonio TX 78238-4519

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

Director,Strategic Accounts IC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2016

Transaction ID : 20160802133812-902

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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:
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Ronald Finch

Mailing Address 11162 Renner Blvd

City

Lenexa

State

KS

Zip Code

66219-9621

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

GM Specialty Pharmacy Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

432.60

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-524

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ronald Finch

Mailing Address 11162 Renner Blvd

City

Lenexa

State

KS

Zip Code

66219-9621

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

GM Specialty Pharmacy Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

432.60

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-903

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christine Fitzgerald

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

Sr Director,HR Bus Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

437.50

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-332

Amount of Each Receipt this Period

62.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.18

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jon Fliss

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

SVP, Comp & Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-333

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joshua Flum

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

EVP, Corp Strategy & Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-334

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Helena Foulkes

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

President, CVS Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-335

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

916.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Kathryn Fowler

Mailing Address 3888 Highway 90

City

State

Zip Code

Pace

FL

32571-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CVS Health

Staff Pharmacist Floater FT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

Transaction ID : 20160802133812-111

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathryn Fowler

Mailing Address 3888 Highway 90

City

State

Zip Code

Pace

FL

32571-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CVS Health

Staff Pharmacist Floater FT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2			2	0	1	6		

Transaction ID : 20160802133812-740

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roger Francis

Mailing Address 1 Cvs Dr

City

State

Zip Code

Woonsocket

RI

02895-6146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CVS Health

AVP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	6		

Transaction ID : 20160802133812-336

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Joseph Frendo

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP,PBM Strategic Ops & Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-623

Amount of Each Receipt this Period

416.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Frumento

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

Region Manager,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-338

Amount of Each Receipt this Period

108.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Joseph Gallo

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

Division Head,Specialty PBM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-526

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

545.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 148

<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. Joseph Gallo

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

Division Head, Specialty PBM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	6

Transaction ID : 20160802133812-905

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christy Garmon

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

Pharmacy Supv, Fid Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-340

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Gibbons

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

SVP Third Party Reimbursement

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

303.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-342

Amount of Each Receipt this Period

43.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

105.83

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 43 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jack Gierat

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

Director, Strategic Accounts IC

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-529

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jack Gierat

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

Director, Strategic Accounts IC

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-908

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregory Gierwielanec

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP FP&A Mail

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-530

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Gregory Gierwielaniec

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP FP&A Mail

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-909

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Godfrey

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director,Sales Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-531

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Thomas Godfrey

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director,Sales Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-910

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 148

(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Randall Goins

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

District Manager, Fld Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-343

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen GoldMailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP, CVS Health & CIO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-344

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Charles Golden JR

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

SVP Construction & Prop Admin

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-345

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

558.32

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

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

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

FOR LINE NUMBER: PAGE 46 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. William Grambley

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 Managed Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-625

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James Greer

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

Director,FLD Loss Prevention

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-346

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katheryn Grosvenor

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Sales Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-535

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

123.40

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

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

FOR LINE NUMBER: PAGE 47 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Katheryn Grosvenor

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Sales Ops

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-914

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tracy Grunsfeld

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-626

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Colvin Guinn

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Network

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-536

Amount of Each Receipt this Period

57.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

276.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 148

<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. Colvin Guinn

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Network

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2		2	0	1	6		

Transaction ID : 20160802133812-915

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Haas JR

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-347

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Hammond

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-349

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

182.68

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-33

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Terry Harris

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 20160802133812-661

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 20160816155247-437

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Diane Hassell-Latham

Mailing Address 283 SW Baya Dr

City

Lake City

State

FL

Zip Code

32025-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-135

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Hassell-Latham

Mailing Address 283 SW Baya Dr

City

Lake City

State

FL

Zip Code

32025-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-764

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randall Hatfield

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

Sr Advisor,HR Bus Partner Fld

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-352

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

81.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 148

<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. Stephen Haught

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

Transaction ID : 20160802133812-538

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Haught

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	6

Transaction ID : 20160802133812-917

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Heidenthal

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 Pharmacy Merchandising

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-354

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

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 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Courtney Herring

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

Sr Advisor, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-540

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Courtney Herring

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

Sr Advisor, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-919

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Hoffman

Mailing Address 116 Huntington Ave

City

Boston

State

MA

Zip Code

02116-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, PBM Digital

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-356

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

92.68

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

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

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

FOR LINE NUMBER: PAGE 53 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Allen Horne

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, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

980.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-544

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Allen Horne

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, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

980.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-545

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Allen Horne

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, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

980.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-923

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

119.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 148
(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Allen Horne

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, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

980.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 20160802133812-924

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Hoyceanyls

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 Construction & Prop Admin

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-357

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Min Hu

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Enterprise Innovation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 20160802133812-547

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

121.79

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 55 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Min Hu

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Enterprise Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-926

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dustin Humphreys

Mailing Address 1700 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP,Digital Product Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.12

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-362

Amount of Each Receipt this Period

29.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Syed Husain

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,Real Estate Corp Acq

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-363

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

131.72

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

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

FOR LINE NUMBER: PAGE 56 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Jackson

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Medicare ClientOps

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-549

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Jackson

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Medicare ClientOps

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-928

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Jaeger

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City

Irving

State

TX

Zip Code

75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Strategic Sales

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
07 / 08 / 2016

Transaction ID : 20160802133812-551

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Michael Jaeger

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Strategic Sales

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
07 / 22 / 2016

Transaction ID : 20160802133812-930

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ronda Jamesmeyer

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Eligibility Ops

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
07 / 08 / 2016

Transaction ID : 20160802133812-552

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ronda Jamesmeyer

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Eligibility Ops

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
07 / 22 / 2016

Transaction ID : 20160802133812-931

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

55.00

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 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Candace Jodice

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,HR Benefits

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-367

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brenna Jordan

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 & Sr Legal Counsel

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-368

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John JoynerMailing Address 750 W John Carpenter Fwy
Ste 1200

City

Irving

State

TX

Zip Code

75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP Sales & Account Services

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-629

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

629.16

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 59 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. William Jusko

Mailing Address 700 Cvs Dr

City

Ennis

State

TX

Zip Code

75119-7810

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 ▼

291.69

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-369

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Seth Kamen

Mailing Address 475 Park East Dr

City

Woonsocket

State

RI

Zip Code

02895-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Customer Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-370

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chanda Keawe

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

Sr Consultant, Fld MerchOps-HI

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-371

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.67

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

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

FOR LINE NUMBER: PAGE 60 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Michael King

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

District Manager, Fld Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-372

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adriane Kingman

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-557

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adriane Kingman

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-936

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

163.46

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Susan Klem

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 01 / 2016

Transaction ID : 20160802133812-36

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Susan Klem

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 20160802133812-664

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Klem

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2016

Transaction ID : 20160816155247-440

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Daniel Kline

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

Director,Pharmacy Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-558

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel Kline

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

Director,Pharmacy Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-937

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Knudson

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP,Finance Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-373

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

248.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Jeffrey Koelsch

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

Group Head,FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 20160802133812-559

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Koelsch

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

Group Head,FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 20160802133812-938

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Emmanuel Kolady

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

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-375

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

107.70

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Steven Kunz

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

Director, Strategic Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-560

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steven Kunz

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

Director, Strategic Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-939

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Lavin

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Network Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-630

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

195.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Donna Lecky

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1		2	0	1	6		

Transaction ID : 20160802133812-39

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donna Lecky

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	5		2	0	1	6	

Transaction ID : 20160802133812-667

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donna Lecky

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	9		2	0	1	6	

Transaction ID : 20160816155247-443

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Donald Leonard

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

District Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-378

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew Leonard

Mailing Address 695 George Washington Hwy

City

Lincoln

State

RI

Zip Code

02865-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP, Pharma, Ret<C Cont Rx Pur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-379

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Lewis

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, PBM Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-631

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

391.67

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 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jason Lindas

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,Enteral Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-562

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Lindas

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,Enteral Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-941

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ronald Link

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

SVP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-382

Amount of Each Receipt this Period

180.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

220.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. John Lockard

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-40

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Lockard

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 20160802133812-668

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Lockard

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 20160816155247-444

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Gary Loeber

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Trade Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-632

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Lohmeyer

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Specialty Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-564

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Lohmeyer

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Specialty Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-943

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

165.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Nancy Losben

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : 20160802133812-41

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Losben

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : 20160802133812-669

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Losben

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : 20160816155247-445

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Alan Lotvin

Mailing Address 695 George Washington Hwy

City
LincolnState
RIZip Code
02865-4257FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-633

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wayne Lum

Mailing Address 1 Cvs Dr

City
WoonsocketState
RIZip Code
02895-6146FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-385

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andre MackeyMailing Address 1520 Avenue PI
Ste B-100City
AtlantaState
GAZip Code
30329-4015FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Staff Pharmacist FT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8		2	0	1	6		

Transaction ID : 20160802133812-166

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

511.66

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Andre Mackey

Mailing Address 1520 Avenue PI
Ste B-100

City Atlanta State GA Zip Code 30329-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Staff Pharmacist FT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : 20160802133812-794

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bruce Macrae

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head,Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 20160802133812-565

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bruce Macrae

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head,Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : 20160802133812-944

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Stephen Manning

Mailing Address 200 Campus Dr
Ste 310

City State Zip Code
Florham Park NJ 07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Group Head, Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-634

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Marcello

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-388

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Margiotta

Mailing Address 750 W John Carpenter Fwy
Ste 1200

City State Zip Code
Irving TX 75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Group Head, Aetna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1167.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-635

Amount of Each Receipt this Period

166.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

285.29

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Robert Marshall

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-390

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Maryanski

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 Customer Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-566

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Maryanski

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 Customer Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-945

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

78.46

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Olga Matlin

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Analytics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-567

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olga Matlin

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Analytics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-946

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kimberly McDonnell

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Medicare Health Plan

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-636

Amount of Each Receipt this Period

82.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

139.68

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Scott McElfresh

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-392

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael McEnany

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

VPMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-393

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael McGuire

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, Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-394

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Colleen McIntosh

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

SVP,Legal Corporate Secretary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-395

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cristina Medina

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

Sr Advisor,Prof&College Relate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-397

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Todd Meek

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Med D

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-637

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

330.12

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Larry Merlo

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

President & CEO, CVS Health

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-398

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Meyer

Mailing Address 29100 Aurora Rd

City

Solon

State

OH

Zip Code

44139-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Marketing Med D

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-569

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Meyer

Mailing Address 29100 Aurora Rd

City

Solon

State

OH

Zip Code

44139-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Marketing Med D

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-948

Amount of Each Receipt this Period

57.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

532.04

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

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

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Middendorf

Mailing Address 416 Route 9W

City

Glenmont

State

NY

Zip Code

12077-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-180

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Middendorf

Mailing Address 416 Route 9W

City

Glenmont

State

NY

Zip Code

12077-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-808

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Giovanni Minardi

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, IT Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-570

Amount of Each Receipt this Period

28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

58.85

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Giovanni MinardiMailing Address 200 Campus Dr
Ste 310City State Zip Code
Florham Park NJ 07932-1007FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, IT Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2		2	0	1	6		

Transaction ID : 20160802133812-949

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Moffatt

Mailing Address 1 Cvs Dr

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

C

Name of Employer

CVS Health

Occupation

VP & Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-402

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nicholas MonacoMailing Address 200 Campus Dr
Ste 310City State Zip Code
Florham Park NJ 07932-1007FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2		2	0	1	6		

Transaction ID : 20160802133812-403

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

170.51

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Thomas Moriarty

Mailing Address 200 Campus Dr
Ste 310

City State Zip Code
Florham Park NJ 07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

EVP, Chief HSO & Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-405

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Murphy

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-407

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Murphy

Mailing Address 695 George Washington Hwy

City State Zip Code
Lincoln RI 02865-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Group Head, Specialty Infusion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-638

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

766.66

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. James Murray

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,MC IT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-408

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Myatt

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

Sr Director,IT Systems

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-409

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Philip Nalaboff

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Specialty Pharmacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-639

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

345.83

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

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

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Roshan Navagamuwa

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP, Client Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-640

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joan O'Rourke

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Specialty Program Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.62

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-641

Amount of Each Receipt this Period

166.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dawn Pagano

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-416

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

566.66

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Pushpendu Pal

Mailing Address 2100 E Lake Cook Rd

City

Buffalo Grove

State

IL

Zip Code

60089-1999

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP PBM IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-642

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony Palmieri

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-574

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony Palmieri

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-953

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

226.92

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. David Palombi

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

SVP,Chief Comm Officer CVS Hea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-417

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel Parker

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Brand Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-575

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Parker

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Brand Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-954

Amount of Each Receipt this Period

28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

307.70

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Parks

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-418

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angela Patterson

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,MC Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-420

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Pawlik

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-643

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Kathy-Jo Payette

Mailing Address 1 Cvs Dr

City	State	Zip Code
Woonsocket	RI	02895-6146

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP,Human Resources Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-422

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alejandro Perez-Tenessa

Mailing Address 1 Cvs Dr

City	State	Zip Code
Woonsocket	RI	02895-6146

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

VPMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 20160802133812-423

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leo Phenix

Mailing Address 1 Cvs Dr

City	State	Zip Code
Woonsocket	RI	02895-6146

FEC ID number of contributing federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 20160802133812-577

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

260.89

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Leo Phenix

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

Sr Director, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016
Transaction ID : 20160802133812-956

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Douglas Phillips

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 & Assistant General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016
Transaction ID : 20160802133812-425

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grant Pill

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, Retail Omni Channel Digit

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016
Transaction ID : 20160802133812-427

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

519.23

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Kenneth Plymale

Mailing Address 3148 W 3500 S

City

West Valley City

State

UT

Zip Code

84119-3634

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-428

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia Ponczkowski

Mailing Address 2215 Sanders Rd
Ste 500

City

Northbrook

State

IL

Zip Code

60062-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Client Svcs Sup

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-580

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia Ponczkowski

Mailing Address 2215 Sanders Rd
Ste 500

City

Northbrook

State

IL

Zip Code

60062-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Client Svcs Sup

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-959

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Natalie Pons

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-644

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jennifer Powers

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

Pharmacy Supv, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-430

Amount of Each Receipt this Period

86.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ann Louise Puopolo

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, Enterprise Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-432

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

536.67

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. David Purdy

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

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-433

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Raman

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

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-435

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-48

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 148

<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. Stephen Rappa

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 20160802133812-63

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : 20160802133812-676

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 20160802133812-691

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Stephen Rappa

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 20160816155247-452

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Orel Rhodes

Mailing Address 750 W John Carpenter Fwy

Ste 1200

City

Irving

State

TX

Zip Code

75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Client Ops Aetna

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-585

Amount of Each Receipt this Period

15.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Orel Rhodes

Mailing Address 750 W John Carpenter Fwy

Ste 1200

City

Irving

State

TX

Zip Code

75039-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, Client Ops Aetna

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-964

Amount of Each Receipt this Period

15.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

40.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Stephen Rill

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Strategic Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2016

Transaction ID : 20160802133812-586

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Rill

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Strategic Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

Transaction ID : 20160802133812-965

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Richard Riva

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

Division Head, Health Plan

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2016

Transaction ID : 20160802133812-588

Amount of Each Receipt this Period

57.69

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

127.69

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 95 OF 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Richard Riva

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

Division Head, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-967

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Roberts

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-49

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amy Roberts

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 20160802133812-677

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

97.69

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Amy Roberts

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 20160816155247-453

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jonathan Roberts

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

President, CVS Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-438

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ellen Robitaille

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

Director, Strategic Accounts IC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-589

Amount of Each Receipt this Period

21.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

457.66

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 148

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Ellen Robitaille

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

Director,Strategic Accounts IC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-968

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maria Robles

Mailing Address 2700 Homestead Rd

City

Santa Clara

State

CA

Zip Code

95051-5353

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 ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-439

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jennifer Rudell

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

Pharmacy Supv,Fld Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-441

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

104.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 148

(check only one)

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

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Judith Sansone

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

SVP Merchandising

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-444

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Sargent

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

Sr Exec Advisor, Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-445

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Sarocka

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Professional Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

Transaction ID : 20160802133812-592

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

316.67

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: PAGE 99 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Michael Sarocka

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Professional Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-971

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Satre

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Sales Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-593

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mark Satre

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Sales Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-972

Amount of Each Receipt this Period

46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

117.30

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Steven Schaper

Mailing Address 200 Campus Dr
Ste 310

City State Zip Code
Florham Park NJ 07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Group Head, Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-645

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh Jr

Mailing Address 201 E 4th St
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-50

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh Jr

Mailing Address 201 E 4th St
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 20160802133812-678

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh Jr

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 29 / 2016

Transaction ID : 20160816155247-454

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Schmidt

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

Region Manager, Fld Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-446

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa Schulman

Mailing Address 1275 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP Govnmt Relations CVS Healt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-646

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

539.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Jack Schwartzbach

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

Region Manager,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-447

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gregory Sciarra

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,Internal Operations LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-448

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Scozzari

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

District Manager,Lic Fld Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-449

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

281.66

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Bernard Segal

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

Sr Director, IT Retail Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-450

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Sendewicz

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, IT PBM Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-595

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Sendewicz

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director, IT PBM Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-974

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

162.50

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Kay Shafer

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head, Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-596

Amount of Each Receipt this Period

78.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kay Shafer

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Division Head, Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-975

Amount of Each Receipt this Period

78.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Prem Shah

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 Specialty Program Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-647

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

406.00

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

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Leonard Shankman

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Strategic Specialty Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-648

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julie Sheer

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Clinical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-597

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julie Sheer

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Clinical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-976

Amount of Each Receipt this Period

28.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.20

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

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Tommy Sheer

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Medicare D Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-649

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bonnie Shimko

Mailing Address 19070 S Tamiami Trl

City

Fort Myers

State

FL

Zip Code

33908-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-223

Amount of Each Receipt this Period

54.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bonnie Shimko

Mailing Address 19070 S Tamiami Trl

City

Fort Myers

State

FL

Zip Code

33908-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-850

Amount of Each Receipt this Period

54.17

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

158.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Peter Simmons

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,Retail Product Development

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-452

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey SinkoMailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

SVP,AGC Board of Rx Practice

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-453

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura Smith

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

Account Executive Strategic

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2016

Transaction ID : 20160802133812-599

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

365.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Laura Smith

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

Account Executive Strategic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-978

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sandra Smith

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

Sr Director, Divisional Merch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-454

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tracy Smith

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-455

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

143.84

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Yvonne Southwell

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-650

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Benjamin Sprows

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

Exec Advisor, MC Medical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-457

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sarah Stafford

Mailing Address 187 Niblick Rd

City

Paso Robles

State

CA

Zip Code

93446-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

CA Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-227

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

138.67

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Sarah Stafford

Mailing Address 187 Niblick Rd

City

Paso Robles

State

CA

Zip Code

93446-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

CA Pharmacy Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-854

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carolyn Stang

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Medicare Svs MedD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-600

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Carolyn Stang

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Medicare Svs MedD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-979

Amount of Each Receipt this Period

77.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Jason Stenta

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

Division Head, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-459

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Stivender

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

SVP Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.31

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-651

Amount of Each Receipt this Period

108.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randal Stowell

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

Sr Director, HR Bus Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-462

Amount of Each Receipt this Period

62.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Shereen Stutz

Mailing Address 105 Mall Blvd

City

Monroeville

State

PA

Zip Code

15146-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	6

Transaction ID : 20160802133812-601

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shereen Stutz

Mailing Address 105 Mall Blvd

City

Monroeville

State

PA

Zip Code

15146-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	6

Transaction ID : 20160802133812-980

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Sussman

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

EVP, ACMO and President MC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-464

Amount of Each Receipt this Period

416.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

474.34

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Theresa Talbott

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

Sr Advisor, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-602

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Theresa Talbott

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

Sr Advisor, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-981

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dixi Talke

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

Sr Advisor, Logs Supply Trans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-466

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

126.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 148

<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. Eimile Tansey

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,HR Bus Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	8		2	0	1	6		

Transaction ID : 20160802133812-604

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eimile Tansey

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Director,HR Bus Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	2		2	0	1	6		

Transaction ID : 20160802133812-983

Amount of Each Receipt this Period

28.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Taylor

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	6		

Transaction ID : 20160802133812-52

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

77.70

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
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Robin Taylor

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 15 / 2016

Transaction ID : 20160802133812-680

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Taylor

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 29 / 2016

Transaction ID : 20160816155247-456

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Craig Thiele

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

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-469

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

240.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Karen Thompson

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

Advisor,Analytic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-605

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karen Thompson

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

Advisor,Analytic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-984

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tracy Tobin

Mailing Address 16597 Interstate 45 S

City

Conroe

State

TX

Zip Code

77385-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Advisor,HR Bus Partner Fld

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-471

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

81.66

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. George Tohme

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

Pharmacy Supv,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-472

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cia Tucci

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

VPMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-476

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Tucker

Mailing Address 201 E 4th St
900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160802133812-54

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

266.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Thomas Tucker

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 20160802133812-682

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Tucker

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2016

Transaction ID : 20160816155247-458

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Tworek

Mailing Address 1151 E McKellips Rd

City

Mesa

State

AZ

Zip Code

85203-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 20160802133812-236

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

70.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Virginia Tworek

Mailing Address 1151 E McKellips Rd

City

Mesa

State

AZ

Zip Code

85203-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-863

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anna Umberto

Mailing Address 200 Highland Corporate Dr

City

Cumberland

State

RI

Zip Code

02864-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP, Strategic Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-477

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Valois

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

Sr Director, HR Bus Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-479

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

370.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Susan Vandersall

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

Sr Director,Talent Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-480

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Vaudry

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

Director,Rx Prof Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-481

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Vipond

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

Region Manager,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-482

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.16

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

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Amritpal Virdee

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

Pharmacy Supv,Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 20160802133812-483

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Walker

Mailing Address 1275 Pennsylvania Ave NW
Ste 700

City

Washington

State

DC

Zip Code

20004-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Exec Advisor,Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 20160802133812-607

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ann Walker

Mailing Address 1275 Pennsylvania Ave NW
Ste 700

City

Washington

State

DC

Zip Code

20004-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Sr Exec Advisor,Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 20160802133812-986

Amount of Each Receipt this Period

28.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

99.35

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Gloria Walker

Mailing Address 6950 Alamo Downs Pkwy
Ste 110

City State Zip Code
San Antonio TX 78238-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Customer Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : 20160802133812-608

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gloria Walker

Mailing Address 6950 Alamo Downs Pkwy
Ste 110

City State Zip Code
San Antonio TX 78238-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Director, Customer Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : 20160802133812-987

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy Warren

Mailing Address 1 Cvs Dr

City State Zip Code
Woonsocket RI 02895-6146

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Region Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 20160802133812-485

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

111.66

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Calvin Wasdyke

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

SVP,PBM Strategic Ops & Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-652

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walter Washburn

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

Sr Manager,Performance Eng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-609

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walter Washburn

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

Sr Manager,Performance Eng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-988

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 124 OF 148

<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. Scott Wasikowski

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

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-486

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William West

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

District Manager, Fld Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-487

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hanley Wheeler

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

SVP, Field Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	12	/	2016

Transaction ID : 20160802133812-488

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

291.66

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:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Carolyn Wiesenbahn

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

SVP Human Resources CVS Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-490

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Williams

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Head of Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-491

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sabrina Williams

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-610

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Sabrina Williams

Mailing Address 9501 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85260-6719

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-989

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Wilson

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Market Intelligence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 08 / 2016

Transaction ID : 20160802133812-611

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher Wilson

Mailing Address 200 Campus Dr
Ste 310

City

Florham Park

State

NJ

Zip Code

07932-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

VP Market Intelligence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-990

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Clay Wilson

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 Real Estate

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-493

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Erik Woehrmann

Mailing Address 2211 Sanders Rd

City

Northbrook

State

IL

Zip Code

60062-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVS Health

Occupation

Exec Advisor, Govt Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

Transaction ID : 20160802133812-494

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janine WolframMailing Address 201 E 4th St
900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

Transaction ID : 20160802133812-60

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

202.50

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:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Janine Wolfram

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 15 / 2016

Transaction ID : 20160802133812-688

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Janine Wolfram

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 29 / 2016

Transaction ID : 20160816155247-464

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Wood

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 01 / 2016

Transaction ID : 20160802133812-61

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Michael Wood

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7								1	5			

Transaction ID : 20160802133812-689

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Wood

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7									2	9		

Transaction ID : 20160816155247-465

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William Yates

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

Sr Advisor Rx Clinical Service

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
0	7									0	8		

Transaction ID : 20160802133812-612

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. William Yates

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

Sr Advisor Rx Clinical Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 22 / 2016

Transaction ID : 20160802133812-991

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. June Youngs

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 Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 12 / 2016

Transaction ID : 20160802133812-496

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Zarowitz

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 01 / 2016

Transaction ID : 20160802133812-62

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Barbara Zarowitz

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 20160802133812-690

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Zarowitz

Mailing Address 201 E 4th St

900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2016

Transaction ID : 20160816155247-466

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Zevzavadjian

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 Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : 20160802133812-497

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

28420.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
2016 General

Candidate Name

Joseph CrowleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : 4F54761381B44001F7E

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elect Blake Farenthold Committee

Mailing Address PO Box 3369

City	State	Zip Code
Corpus Christi	TX	78463-3369

Purpose of Disbursement
2016 General

Candidate Name

R. Blake FarentholdOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 2A75EDD50DD8B280404

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jason Chaffetz

Mailing Address 55 N Merchant St, #1488

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
2016 General

Candidate Name

Jason E. ChaffetzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 7B1C55B3F3949FDF69C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Friends of John McCain Inc

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2016 Primary

011

Candidate Name

John Sidney McCain IIICategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 327135181AFDC05DCF1

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of John Thune

Mailing Address PO Box 841

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2016 General

011

Candidate Name

John Randolph ThuneCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 6356DFF32C5617A20B6

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Roy Blunt

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205

Purpose of Disbursement
2016 Primary

011

Candidate Name

Roy Dean BluntCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 355C466E052B79ACADD

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
2016 General

Candidate Name

Raymond Eugene Green

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 29	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : DAEC95EE380E02FAF62

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. George Holding for Congress Inc.

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
2016 General

Candidate Name

George Edward Bell Holding

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NC	District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 00184EF20412180BFE8

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregg Harper for Congress

Mailing Address Post Office Box 54344

City	State	Zip Code
Pearl	MS	39288

Purpose of Disbursement
2016 General

Candidate Name

Gregg Harper

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MS	District: 03	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 485E338C189168088D0

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

CVS Health PAC

01:

1000.00

01

07 / 12 / 2016

Age Group	Number of people
13-17	~100
18-24	~1900
25-34	~1500
35-44	~1200
45-54	~1000
55-64	~800
65-74	~600
75-84	~400
85+	~200

01.

3000.00

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Meadows for Congress

Mailing Address PO Box 811

City

Hendersonville

State

NC

Zip Code

28793-0811

Purpose of Disbursement

2016 General

011

Candidate Name

Mark Randall MeadowsCategory/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : FF5617BE012BF61831F

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City

Sacramento

State

CA

Zip Code

95841

Purpose of Disbursement

2016 General

011

Candidate Name

Michael C. ThompsonCategory/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Transaction ID : FFDF0487D2ECFF481C3

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Narragansett Bay PAC

Mailing Address PO Box 8628

City

Cranston

State

RI

Zip Code

02920

Purpose of Disbursement

2016 Contribution

011

Candidate Name

Narragansett Bay PACCategory/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☐ General☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : B3362FF89B372876EB5

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Oceans PACMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

Candidate Name

Oceans PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : F772CBCFAEB20B4F6E3

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Meehan for Congress

Mailing Address 50 S Providence Rd

City Media State PA Zip Code 19063-3531

Purpose of Disbursement
2016 General

Candidate Name

Patrick L. MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ☐

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 590D04445302C0CB67E

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Tonko for CongressMailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
2016 General

Candidate Name

Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ☐

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : BBD706038B6F03397B3

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 148

<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. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield	State MA	Zip Code 01108
---------------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Edmund NealCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 34EF80239D08ECA1CEA

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Rd

City Charleston	State SC	Zip Code 29407-5305
--------------------	-------------	------------------------

Purpose of Disbursement
2016 General

011

Candidate Name

Timothy Eugene ScottCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : FE3727926DB1201F481

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address PO Box 10847

City Rochester	State NY	Zip Code 14610-0847
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Purpose of Disbursement
2016 General

011

Candidate Name

Thomas W. Reed II.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 8DF291DD9D73866D414

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

50000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 148

<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. ANTHONY DELUCA FOR LEGISLATURE

Mailing Address 1438 Homestead Road

City Verona	State PA	Zip Code 15147
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : BF865AAD7965B8ACD8C

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Hughes

Mailing Address 7478 Rhoads Street, Suite A

City Philadelphia	State PA	Zip Code 19151
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 4DF11C3B0D606D9AD8F

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR PAT BROWNE

Mailing Address PO Box 64

City Allentown	State PA	Zip Code 18105
-------------------	-------------	-------------------

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : D6254302FDA4FF3BE73

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Citizens for Yudichak

Mailing Address 44 W Grand St

City
NanticokeState
PAZip Code
18634-3102Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 4B3FCAC44C228442091

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT FLO FABRIZIO

Mailing Address 2617 Poplar St

City
ErieState
PAZip Code
16508-1637Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : D6A8B16ABA7BDD9F3A2

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Reelect David Fielding

Mailing Address 909 South Vine

City
MagnoliaState
ARZip Code
71753Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : E6A267D3F4E604DF239

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 148

<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 Reelect Jeremy Gilliam

Mailing Address 1825 Missile Base Road

City	State	Zip Code
Judsonia	AR	72081

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : BAF1BAD2B7CD32080D0

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Reelect Rick Beck

Mailing Address 1091 Dutton Mountain Road

City	State	Zip Code
Center Ridge	AR	72027

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : B078452D9819A97DD87

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Freinds of Frank Dermody

Mailing Address P.O. Box 274

City	State	Zip Code
Tarentum	PA	15084

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 01ECE06B4AA7E36B329

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 148

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Friends of Bill Adolph

Mailing Address P.O. Box 303

City	State	Zip Code
Springfield	PA	19064

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 784ADA6894332AABC18

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BRYAN CUTLER

Mailing Address PO Box 624

City	State	Zip Code
Quarryville	PA	17566

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 070E514C7D2F734E15C

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE REED

Mailing Address P O BOX 1440

City	State	Zip Code
Indiana	PA	15701

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 877D0626C31A3802AD4

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 144 OF 148

<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 Don White

Mailing Address PO Box 1056

City	State	Zip Code
Glenside	PA	19038

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : C83730D7914064F9CF0

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GENE DIGIROLAMO

Mailing Address 6601 Bensalem Blvd

City	State	Zip Code
Bensalem	PA	19020

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 63F76A5105567CDD51C

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jake Corman

Mailing Address PO Box 13053

City	State	Zip Code
Harrisburg	PA	17110

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 6EBB96EC4CE6DE3B91B

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 148

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Scarnati

Mailing Address PO Box 792

City
HarrisburgState
PAZip Code
17108Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : B312B35C37B8F387C5B

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN GORDNER

Mailing Address 1914 Brittain Street

City
BerwickState
PAZip Code
18603Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : F5571ED7F4E2B6A1C84

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Mike Turzai

Mailing Address P.O. Box 721

City
WexfordState
PAZip Code
15090Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 60D2424AF7B4435CB5C

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 148

<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 TINA PICKETT

Mailing Address 2 WASHINGTON ST

City	State	Zip Code
Towanda	PA	18848

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 08F00C3A17D6278CE3B

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jay Costa for State Senate

Mailing Address 314 Newport Road

City	State	Zip Code
Pittsburgh	PA	15211

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : 64348CFC7AA7C1ACF8A

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARKOSEK FOR STATE LEGISLATURE

Mailing Address 207 Glenwood Drive

City	State	Zip Code
Monroeville	PA	15146

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : F15D8B43DA0276ABF78

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

CVS Health PAC

A. PEOPLE FOR MATT BAKER

Mailing Address 60 American Street

City	State	Zip Code
Wellsboro	PA	16901

Purpose of Disbursement	Nonfederal Contribution
<p>1. <i>Statewide</i></p> <p>2. <i>Local</i></p>	<p>1. <i>Statewide</i></p> <p>2. <i>Local</i></p>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 03E9E07B57E4880961D

Amount of Each Disbursement this Period

500.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. Rosemary Brown for State Rep

Mailing Address PO Box 17

City	State	Zip Code
Tannersville	PA	18372

Purpose of Disbursement	Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 26 / 2016

Transaction ID : BF826154FE1C197B5AF

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOMLINSON FOR STATE SENATE

Mailing Address 2411 ELFRETHS ALLEY

City	State	Zip Code
Bensalem	PA	19020

Purpose of Disbursement	Nonfederal Contribution
<p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p> <p>4. <u> </u></p> <p>5. <u> </u></p> <p>6. <u> </u></p> <p>7. <u> </u></p> <p>8. <u> </u></p> <p>9. <u> </u></p> <p>10. <u> </u></p>	<p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p> <p>4. <u> </u></p> <p>5. <u> </u></p> <p>6. <u> </u></p> <p>7. <u> </u></p> <p>8. <u> </u></p> <p>9. <u> </u></p> <p>10. <u> </u></p>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : F11AC8591D318BF0D72

Amount of Each Disbursement this Period

500.00

 Memo Item

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

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 148

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

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NAME OF COMMITTEE (In Full)

CVS Health PAC

Full Name (Last, First, Middle Initial)

A. Voters to Elect Vance

Mailing Address PO Box 792

City
HarrisburgState
PAZip Code
17108Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

Transaction ID : EC7AAE1A00B6910BE2F

Amount of Each Disbursement this Period

500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

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

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

500.00

19000.00
