Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CVS Health PAC 1275 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 700 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS heather.cutler@cvshealth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 28 2015 C00384818 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Heather A Cutler Type or Print Name of Treasurer Heather A Cutler [Electronically Filed] 80 28 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC I	Form 1 (Revised 02/2009)	Page 2			
TYPE OF	COMMITTEE	. 490 =			
Candida	te Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affili	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	ommittee:	(Danasa !!			
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political	Action Committee (PAC):				
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nnected organization is a			
	X Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fu	ndraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Сс	mmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

Write or Type Committee Name CVS Health PAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Pace CVS Health 1 CVS Drive Mailing Address RI 02895	AC Sponsor
CVS Health PAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC CVS Health 1 CVS Drive Mailing Address	AC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Pa CVS Health 1 CVS Drive Mailing Address	AC Sponsor
CVS Health 1 CVS Drive Mailing Address	AC Sponsor
1 CVS Drive Mailing Address	
Mailing Address	
Mailing Address	
Woonsocket RI 02895	
CITY STATE ZIP (CODE
Polationship. W Connected Organization Affiliated Committee	nin DAC Coorse
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh	nip PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Heather A Cutler	on of committee
Full Name	
Mailing Address 1275 Pennsylvania Avenue, NW	
Suite 700	
Washington DC 20004	
Title or Position CITY STATE ZIP C	ODE
Treasurer Telephone number Telephone number	3523
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name are any designated agent (e.g., assistant treasurer).	nd address of
Full Name Heather A Cutler	1
of Treasurer	1
Mailing Address Suite 700	
Washington DC 20004	
CITY STATE ZIP C) - [] ODE
Title or Position	3523

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Full Name of Designated	Tracy Smith					
Agent	₁ 1 CVS Drive					
Mailing Address	T CVS Drive					
	Woonsocket	-				
	CITY STATE ZIP	CODE				
Title or Position						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Wells Fargo Bank					
Mailing Address	420 Montgomery Street					
	San Francisco CA 94104					
	CITY STATE ZIP	CODE				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY STATE ZIP	CODE				

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Omnicare, Inc. Political Action Committee 900 Omnicare Center Mailing Address 201 East 4th Street ОН 45202 Cincinnati **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Tracy Smith Full Name 1 CVS Drive Mailing Address Woonsocket RΙ 02895 Title or Position CITY # **STATE** ZIP CODE **Assistant Treasurer** 401 770 Telephone number [ADDITIONAL] Joint Fundraiser Participant FEC ID number