

# 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer *Schulman Mann, Melissa, , ,* [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CVS Health PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		179754.66
(b) Cash on Hand at Beginning of Reporting Period.....	231763.43	
(c) Total Receipts (from Line 19) .....	118524.72	398978.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	350288.15	578733.58
7. Total Disbursements (from Line 31).....	166683.63	395129.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	183604.52	183604.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 05/2016)

Write or Type Committee Name

**CVS Health PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2021 To: M M / D D / Y Y Y Y Y 06 / 30 / 2021

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).....	101798.07	284331.42
(ii) Unitemized .....	9417.11	97565.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	111215.18	381897.32
(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) .....	111215.18	381897.32
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4809.54	7081.60
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)).....▶	118524.72	398978.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	118524.72	398978.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9.95	59.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9.95	59.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	167500.00	404500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	173.68	2748.72
(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)).....	173.68	2748.72
29. Other Disbursements (Including Non-Federal Donations).....	- 1000.00	- 12179.36
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	166683.63	395129.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	166683.63	395129.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	111215.18	381897.32
34. Total Contribution Refunds (from Line 28(d)) .....	173.68	2748.72
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111041.50	379148.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9.95	59.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9.95	59.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Accetta, Lucille, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,PBM and Specialty Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-926**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Adkins, Sheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Crs-EntprsStratInnov  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-916**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**C. Aguirre, Fernando, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2021  
**Transaction ID : B087446DC9074888237**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5833.32  
**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: (check only one)	PAGE 7 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Akinwande, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) App Softwr Delivery Advsr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-643**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Allen, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, IT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1362.48**

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-871**  
 Amount of Each Receipt this Period **227.08**  
 Memo Item

**C. Allen, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir,Anthem Spclty &Clinical  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-775**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>377.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Anderson, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Trade Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-787**  
 Amount of Each Receipt this Period  
 104.17  
 Memo Item

**B. Armstrong, Lora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Strategic Formulary Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-740**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

**C. Arnold, Kray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director, Enterprise Systems  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-533**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	222.51
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Auger, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) IT Retail Strategic Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-614**  
 Amount of Each Receipt this Period  
 41.68  
 Memo Item

**B. Avotins, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Market President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-872**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Azzolina, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, CFO Omnicare  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-833**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	491.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bacon, Debra, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-751</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 100.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,COO Medicaid	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Baquet-Simpson, Alena, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-584</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.67
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Medical Hlth Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Baran, Bethany, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-873</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Community Asset Intgn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Barney, Steven, M., ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-692</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 64.50
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor,RE Acquisitions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Barry, Max, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-874</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP MCR Stratgc Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Basedow, Jeremy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-543</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 40.20
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Division Head,Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 241.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bauer, Craig, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-801</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 125.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Segment Actuary, NA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Becker, Michele, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2021 <b>Transaction ID : 2021060910536-78</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 36.83
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Pharmacy Manager, DL EL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bell, Alan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-631</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 43.32
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Clinical Svcs LTC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 259.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bennett, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Bus Consultation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-640**  
 Amount of Each Receipt this Period  
 48.08  
 Memo Item

**B. Bergeron, Christian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-752**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Berkowitz, Francis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) District Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-555**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	189.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Biagioni, Christine, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Consultant, Govt Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : 2021061510256-575**

Amount of Each Receipt this Period  
41.66

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bodmer, Kenneth, , ,**

Mailing Address 1 CVS Drive

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : 2021061510256-847**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP, Corp Social Resp and Phil
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
766.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : 2021061510256-826**

Amount of Each Receipt this Period  
155.55

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	397.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Born, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Medicaid Hlth Plan I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-875**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bottrill, Lorry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,MDCD Territory Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-716**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Bourque, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,IT Systems  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-678**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	395.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brennan, Troyen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2021  
**Transaction ID : 6263EB6A7F2F4B6793E8**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Brown II, C. David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 856D8EB5F39D46EEB763**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Bucci, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Market President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-853**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10208.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Buchanan, Michele, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-644</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Legal Healthcare Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Butler, Shannon, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-717</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 83.33
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Byron, Cheryl, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-623</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.82
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Division Head,Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Casalveri, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Chief MDCR Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-641**  
 Amount of Each Receipt this Period  
 48.08  
 Memo Item

**B. Casey, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Chief Diversity Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-834**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Cassin, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Region Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-710**  
 Amount of Each Receipt this Period  
 83.32  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	331.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Castro, Jose, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive			<b>Transaction ID : 2021061510256-585</b>
City Woonsocket	State RI	Zip Code 02895	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health		Occupation (for Individual) Sr Account Manager-SLS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cavner, Michelle, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive			<b>Transaction ID : 2021061510256-645</b>
City Woonsocket	State RI	Zip Code 02895	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health		Occupation (for Individual) Sr Dir, Bus Consultation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Chaguturu, SReekanth, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive			<b>Transaction ID : 2021061510256-927</b>
City Woonsocket	State RI	Zip Code 02895	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health		Occupation (for Individual) SVP,CMO Caremark	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2499.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Chavarria, Malissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Dir, Acct Management-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-539**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Chernick, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Dir, BI Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1119.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-831**  
 Amount of Each Receipt this Period 186.66  
 Memo Item

**C. Christensen, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, HR Corporate Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-835**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	426.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Christie, Kurt, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-666</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 54.17
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Church, Lara, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-661</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Client Analytics,UW & Prop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Chye, Eleanor, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 846C12AE7DCE40E79AF3</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 2500.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,PBM Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2604.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ciano, Christopher, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP, Medicare
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-906**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, Sales & AM
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-876**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1 CVS Drive

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-827**

Amount of Each Receipt this Period  
166.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	716.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Clark, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Controller and CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-556**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Coleman, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Merchandising  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-822**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Collins, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Service Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-802**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cook, Bryan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-615</b>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.68
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor,Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Copley, Jonathan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-877</b>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,MDCD Territory Leader	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cormier, Maureen, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-864</b>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.34
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Division Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1250.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.02
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cox, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Pharmacy Growth & Profit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-828**  
 Amount of Each Receipt this Period  
 166.66  
 Memo Item

**B. Crisp, Florence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP&Asst Genl Cnsl-Retail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-803**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Crowley, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,BusDev&StratExec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-878**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Cunningham, Alec, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP,COO Aetna
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-917**

Amount of Each Receipt this Period  
416.66

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Czarnecki, Catherine, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Care Management
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-679**

Amount of Each Receipt this Period  
62.50

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Human Resources
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-753**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	579.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dailey, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Commercial Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 21 / 2021  
**Transaction ID : 8FE858EDBFD64FF7B773**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Dakessian, Dikran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.20

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-691**  
 Amount of Each Receipt this Period 62.70  
 Memo Item

**C. Darin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Chief Analytics Ofc-Ret./Data  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-868**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	671.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Davis, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 Date of Receipt: 06 / 15 / 2021  
 Transaction ID : 2021061510256-865  
 Amount of Each Receipt this Period: 208.34  
 Memo Item

FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Pharmacy Professional Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

**B. De Greve, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 Date of Receipt: 06 / 15 / 2021  
 Transaction ID : 2021061510256-823  
 Amount of Each Receipt this Period: 150.00  
 Memo Item

FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

**C. Dederichs, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 Date of Receipt: 06 / 15 / 2021  
 Transaction ID : 2021061510256-742  
 Amount of Each Receipt this Period: 83.34  
 Memo Item

FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 441.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Demattia, Tanya, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-557</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) District Leader,Lic Fld Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Dempsey, Donald, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-848</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Policy & Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Denale, Carol, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-866</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 208.34
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1250.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dennis, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,PBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.92

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-671**  
 Amount of Each Receipt this Period 60.32  
 Memo Item

**B. Denz, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Account Executive-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-798**  
 Amount of Each Receipt this Period 112.50  
 Memo Item

**C. DeParle, Nancy-Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 03 / 2021  
**Transaction ID : ACF315B87EC54106AD5F**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 5172.82  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Devaney, Edward, , ,**

Mailing Address 1 CVS Drive

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-672**

Amount of Each Receipt this Period  
60.32

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Dibble, Kathleen, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Dir, Sales-SLS
---	---

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
06		15		2021

**Transaction ID : 2021061510256-646**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Legal Counsel,Healthcare
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-736**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	193.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dixon, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-869**  
 Amount of Each Receipt this Period  
 208.34  
 Memo Item

**B. Dorman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 87FC536E4AF84165BD72**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Draper, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Gov't Svcs & Reg Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-808**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5333.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Driscoll, Michele, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-647</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Loyalty Programs&Promo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Dzien, Peter, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-576</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eaton, Shawn, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-711</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 83.32
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director Licisd,Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 499.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Eckman, Derek, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Category Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-693**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**B. Egan, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) General Manager,RPh Ops LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.92

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-632**  
 Amount of Each Receipt this Period 43.32  
 Memo Item

**C. Erney, Constance, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,MDCR GrpStratExecution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-680**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Esslinger, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Medicare Duals Segment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.14

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-913**  
 Amount of Each Receipt this Period 357.14  
 Memo Item

**B. Evans, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-681**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Everhart, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Dir, Sales-SLS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-718**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	502.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 36 OF 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Fain, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir,Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-577**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Falkowski, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP & Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-910**  
 Amount of Each Receipt this Period 333.33  
 Memo Item

**C. Falvo, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Clin Solutions MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-586**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Farah, Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 03 / 2021**  
**Transaction ID : C72B19DD007949DFBB05**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Farrar, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Talent Acquisition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-558**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Farrar, Neva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Strategy & Bus De  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-616**  
 Amount of Each Receipt this Period 41.68  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5083.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Farrell, Debbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Purchasing/Materials Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-688**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

**B. Faudskar II, Arvid, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-776**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Faulkner, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Medicaid Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-879**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	412.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Feczko, Lucia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Rx Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 439.08

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-704**  
 Amount of Each Receipt this Period 73.18  
 Memo Item

**B. Fields, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.68

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-663**  
 Amount of Each Receipt this Period 52.28  
 Memo Item

**C. Fink, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Govt Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-782**  
 Amount of Each Receipt this Period 104.16  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 229.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Finke, Daniel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-880</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP & President Aetna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fischer, Bradley, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-832</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 192.30
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Dental & Vision	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fischer, Edward, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-719</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 83.33
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, Medicaid RFP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.63
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Fitzgerald, Christine, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,HR Bus Partner
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-682**

Amount of Each Receipt this Period  
62.50

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Fleming, Theodore, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Aetna University
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-881**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP Enterprise Strat&Digital
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-882**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fowler, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Chief Sales Officer,CMK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-544**  
 Amount of Each Receipt this Period  
 40.20  
 Memo Item

**B. Frommeyer, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Group Medicare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-911**  
 Amount of Each Receipt this Period  
 333.33  
 Memo Item

**C. Gaines, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Compliance Admnstr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-683**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	436.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Galarneau, Kathryn, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-836</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation (for Individual) VP,Commercial Actuarial		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gallo, Joseph, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-636</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="43.56"/>
Occupation (for Individual) VP,Specialty Infusion		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="261.36"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Galo, Diane, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-689</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="62.50"/>
Occupation (for Individual) VP,Employer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="306.06"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Garcia, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,RE Property Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-779**  
 Amount of Each Receipt this Period  
 104.16  
 Memo Item

**B. Gard, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Segment Actuarial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-915**  
 Amount of Each Receipt this Period  
 416.65  
 Memo Item

**C. Garmon, Christy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) District Leader,Lic Fld Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-617**  
 Amount of Each Receipt this Period  
 41.68  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Garrigan, Tj, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor, Govt Affairs
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021

**Transaction ID : 2021061510256-673**

Amount of Each Receipt this Period  
60.32

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gassaway, Leanne, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Government Affairs State
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
694.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021

**Transaction ID : 2021061510256-902**

Amount of Each Receipt this Period  
263.89

Memo Item

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

Mailing Address 1 CVS Drive

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021

**Transaction ID : 2021061510256-624**

Amount of Each Receipt this Period  
41.82

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	366.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gierwielanec, Gregory, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP FP&A Mail
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-625**

Amount of Each Receipt this Period  
41.82

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gilson, Thomas, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,PBM Health Plan
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-898**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,CFO Caremark
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
502.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-744**

Amount of Each Receipt this Period  
83.75

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Godin, Wade, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir,RELeaseMgt/Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-587**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Golash, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Clin Solutions MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-588**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Golden JR, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Construction & Prop Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-754**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	183.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Graziano, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Marketing Retail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-589**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Green, Floyd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Comm Rel & Urban Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-907**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Grosvenor, Katheryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Sales Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-545**  
 Amount of Each Receipt this Period  
 40.20  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	381.87
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Grunsfeld, Tracy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-788</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 104.17
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Specialty Product Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Guerra-Garcia, Humberto, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-590</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.67
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Clinical Solutions MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gullino, Douglas, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-794</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 108.33
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Sales & AM-SLS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 649.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ha, Jin Oak, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-755</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 100.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Student Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Haas JR, Joseph, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-780</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 104.16
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director, Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hall, James, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-578</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director, Strategic Accounts IC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 249.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hallowell, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Lead Business Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-756**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hammond, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Region Director, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-560**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Harlow, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Consultant Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-690**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Haught, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.68

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-664**  
 Amount of Each Receipt this Period 52.28  
 Memo Item

**B. Haynes, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Mgr, Clinical Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-591**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Haythorn, Kimberly Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, Strat Planning  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-720**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Heidenthal, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Trade Brand Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-757**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Heisser, Trent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Manager, Quality Rph  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2021  
**Transaction ID : A34B459E0600488D9371**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Helke, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Account Director-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-883**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Helle, Joel, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-899</b>
Mailing Address 1 CVS Drive			Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) CVS Health		Occupation (for Individual) VP, Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Herring, Courtney, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-668</b>
Mailing Address 1 CVS Drive			Amount of Each Receipt this Period 60.30
City Woonsocket	State RI	Zip Code 02895	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) CVS Health		Occupation (for Individual) Sr Advisor, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.80		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Herring, Melanie, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-592</b>
Mailing Address 1 CVS Drive			Amount of Each Receipt this Period 41.67
City Woonsocket	State RI	Zip Code 02895	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) CVS Health		Occupation (for Individual) Exec Dir, MDCD Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 291.68		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	351.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hiestand, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Medicaid CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-593**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Hildebrandt, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-546**  
 Amount of Each Receipt this Period  
 40.20  
 Memo Item

**C. Hill, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Divisional Merch  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-684**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Himes, Bertha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Commercial Svc Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-854**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Horne, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.44

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-538**  
 Amount of Each Receipt this Period 39.74  
 Memo Item

**C. Hoyceanyls, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Construction & Prop Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-758**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.07
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hummel, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Client Implmntation & Srvcs
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : FB240FB74D294FE0A4F9**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-721**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Advisor,Application Develop
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
287.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-639**

Amount of Each Receipt this Period  
47.92

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2631.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Jacques, Paul, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-837</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Pharmacy Administration LTC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jagmin, Christopher, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-918</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 416.66
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Med Policy&Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. James, Leoney, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-810</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 129.16
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Network Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 774.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	745.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jamesmeyer, Ronda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Eligibility Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-626**  
 Amount of Each Receipt this Period  
 41.82  
 Memo Item

**B. Jodice, Candace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,HR Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-804**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Johnson, Kjell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Specialty Medical Pharm Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-777**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jones, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-805**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Jordan, Brenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP & Sr Legal Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-824**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Kalat, Carrah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Sr Strategic Advisor HCB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-759**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Keith, Fredrick, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-648</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kennedy, John, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-884</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kessler, Robert, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-885</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Local Markets Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. King, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Sales & AM-SLS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-722**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Kinsey, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, Sales & AM-SLS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **288.48**

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-642**  
 Amount of Each Receipt this Period **48.08**  
 Memo Item

**C. Kirkpatrick, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Region Director Licisd,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021061510256-685**  
 Amount of Each Receipt this Period **62.50**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>193.91</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Klanjsek, Oza, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Architect Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-723**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Klem, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Clinical Svcs LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.92

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-633**  
 Amount of Each Receipt this Period 43.32  
 Memo Item

**C. Kline, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.92

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-627**  
 Amount of Each Receipt this Period 41.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	168.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Knecht, Daniel, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-622</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="41.75"/>
Occupation (for Individual) VP,Clin Pract & Prod Mgmt		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.50"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kodali, Ajoy, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-862</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation (for Individual) SVP PBM IT		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1249.98"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Koelsch, Jeffrey, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-674</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="60.32"/>
Occupation (for Individual) VP,FEP		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="361.92"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="310.40"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kolady, Emmanuel, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-760</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 100.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP, Field Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kost, Brian, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-829</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 166.67
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kritzler, Robert, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-594</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 41.67
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Clin Solutions MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	308.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kruczek, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Manager RPh,Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-610**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Kunz, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Strategic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 439.08

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-705**  
 Amount of Each Receipt this Period 73.18  
 Memo Item

**C. Lariviere, Leo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-686**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lask, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-649**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Laubacher, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-855**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Leadingham, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Client Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-849**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 68 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Leisey, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.92

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-675**  
 Amount of Each Receipt this Period 60.32  
 Memo Item

**B. Leonard, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) District Leader,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-618**  
 Amount of Each Receipt this Period 41.68  
 Memo Item

**C. Lessard, Rhonda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Medical Economics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 549.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-749**  
 Amount of Each Receipt this Period 91.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 193.66  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lewis, Larry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Govt Relations Spec
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-761**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Lewis, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,Chief Mtkg Officer PBM
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-778**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,MDCD Territory Leader
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-856**

Amount of Each Receipt this Period  
208.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Losben, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director, Quality LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-634**  
 Amount of Each Receipt this Period 43.32  
 Memo Item

**B. Lotvin, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP & President CVS Caremark  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-919**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Luce JR, Ross, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Benefit Verif Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-547**  
 Amount of Each Receipt this Period 40.20  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ludwig, Edward, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2FC8F6AF8C0D45B6A55C</b>
City Woonsocket	State RI	
Zip Code 02895		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health BOD	Occupation (for Individual) Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ludwig, Raymond, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-650</b>
City Woonsocket	State RI	
Zip Code 02895		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Lead Business Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lurry, Tanja, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-563</b>
City Woonsocket	State RI	
Zip Code 02895		Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Network Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 249.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5091.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 OF 149 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Lynch, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) President & CEO, CVS Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-920**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Macdonald, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Sales & AM-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-886**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Maciuba, Marta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Distrib Channel Sr Mgr  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-651**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	716.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mackey, Andre, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Rx Mgr Emerging Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2021  
**Transaction ID : 2021060910536-80**  
 Amount of Each Receipt this Period  
 43.33  
 Memo Item

**B. Macpherson, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Medical Economics Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-595**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Macrae, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Health Plan  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-870**  
 Amount of Each Receipt this Period  
 208.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	293.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Maesaka, Alan, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, Senior Counsel
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-857**

Amount of Each Receipt this Period  
208.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Magnussen, Eric, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Manager,Rx Prod Dev
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-670**

Amount of Each Receipt this Period  
60.32

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Enterprise Accounts
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-537**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Mantripragada, Prashant, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-762**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Marcano, Raul, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Sales & AM-SLS
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-596**

Amount of Each Receipt this Period  
41.67

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Ex Dir, Hlthcare Quality
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-746**

Amount of Each Receipt this Period  
87.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	229.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Marcotte, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,IT Pharmacy Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-781**  
 Amount of Each Receipt this Period  
 104.16  
 Memo Item

**B. Margiotta, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Aetna IBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-830**  
 Amount of Each Receipt this Period  
 166.84  
 Memo Item

**C. Marshall, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr. Advisor,Divisional WFM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-540**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	311.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Martino, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-724**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Maryanski, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Client Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-548**  
 Amount of Each Receipt this Period 40.20  
 Memo Item

**C. Matiski, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Legal Business Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-921**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.19  
**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 78 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Matlin, Olga, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Enterprise Analytics PBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-669**  
 Amount of Each Receipt this Period  
 60.30  
 Memo Item

**B. McDonough, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, ClinPlyRsrch/Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-597**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. McElfresh, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Region Director,Fld Mgmt  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-652**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 151.97  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McGlaun, Joy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-858**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. McIntosh, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Legal Corporate Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-887**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. McMahon, Chandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Chief Info Security Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-922**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 874.99  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. McNulty, Cara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Behavioral Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-598**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Medepalli, Prasad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Lead Data Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-564**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Medina, Cristina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Advisor,Prof&College Relate  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-565**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.99
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Meek, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Med D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-838**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Meoli, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Consolidated Network  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1749.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-903**  
 Amount of Each Receipt this Period 291.66  
 Memo Item

**C. Meyer, Diana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, Sales & AM-SLS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.95

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-812**  
 Amount of Each Receipt this Period 130.95  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	622.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Millon, Jean-Pierre, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health BOD	Occupation (for Individual) Board Member
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2021

**Transaction ID : 774DCF321C6841DA9A2B**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Moffatt, Thomas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Sr Legal Counsel
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-763**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,FP&A Corp
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-579**

Amount of Each Receipt this Period  
41.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5141.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Moree, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-839**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Moriarty, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP,Chief Policy Officer & GC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-923**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Mortillaro, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir,InvOpRptg&LCPFin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-725**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	699.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Muir, Sandra, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-799</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 116.67
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) IT Senior Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Muller, Dawn, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-653</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, Service Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Murphy, Kevin, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-888</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 250.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,Third Party Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Murray, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Informatics&Interoperabilty
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-789**

Amount of Each Receipt this Period  
104.17

Memo Item

**B. Nasby, Tom, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Network Mgmt
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-806**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP, CVS Health & CIO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-840**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	429.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Nazworth, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,CFO Medicaid  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-889**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Nettesheim, Brigitte, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, National Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-764**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Nguyen, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,IT Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 482.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-709**  
 Amount of Each Receipt this Period  
 80.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	430.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 87 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Nicholas, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Finance, PBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-611**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Nichols, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, RE Investments  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-654**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Nicholson, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) App Softwr Delivery Advsr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-541**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 131.67  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Nicodemus-Hodge, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sales Director-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-599**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. North, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Account Director-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-600**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Oades, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Chief Invstmnt Offcr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-765**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	183.34
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Oldenburg, Amy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-859</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 208.33
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Ntrwk Perf&Execution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Padgitt, Ronald, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-809</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 125.20
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.20	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Parker, Daniel, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021 <b>Transaction ID : 2021061510256-676</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 60.32
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Brand Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 361.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	393.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Parker, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Growth Strategy Lead-SLS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-766**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Parker, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr HR Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-601**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Patent, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-677**  
 Amount of Each Receipt this Period  
 60.32  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Patino, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Client Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.39

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-317**  
 Amount of Each Receipt this Period 15.97  
 Memo Item

**B. Patterson, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,MC Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-841**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Penberthy, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-900**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	465.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pendleton, Evelyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, CFO, Comm,Mkts&Specialty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-842**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Peterson, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-580**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Picken, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Senior Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-767**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	341.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Polgar, Michele, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Product Dvlpmnt
---	--

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
06		15		2021

**Transaction ID : 2021061510256-662**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Ponczkowski, Patricia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,Client Services
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-628**

Amount of Each Receipt this Period  
41.82

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Clin Solutions MD
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-602**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Purdy, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-712</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 83.32
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Operations Long Term Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Pypiak, Nicholas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-655</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 50.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rappa, Stephen, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-843</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Operations LTC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Reid, Courtney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Advisor, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.92

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-852**  
 Amount of Each Receipt this Period 208.32  
 Memo Item

**B. Reinecke, Davin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-726**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Rice, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 627.24

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-791**  
 Amount of Each Receipt this Period 104.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	396.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Richman, Remy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Chief Grwth Ofcfr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-727**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Rill, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 439.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-706**  
 Amount of Each Receipt this Period  
 73.18  
 Memo Item

**C. Roach, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-768**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	256.51
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 97 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Roberts, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Star Ratings  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-603**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Roberts, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP, COO CVSH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-924**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Roberts, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) IT Program Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-728**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 98 OF 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Robitaille, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-637**  
 Amount of Each Receipt this Period  
 43.90  
 Memo Item

**B. Rocco, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Alternate Investments  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-604**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Rodichok, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Application Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-769**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 185.57  
**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 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Rosenbaum, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-850**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Rotay, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, Underwriting  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-656**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Rubel, Lauralie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir, Provider Perfrm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 327.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-909**  
 Amount of Each Receipt this Period  
 327.38  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 577.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Rumbarger, Ryan, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,Store Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-844**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Ryan, Suzanne, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, Strat Planning
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-747**

Amount of Each Receipt this Period  
87.50

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Producer&Consltnt Rel
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
349.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-667**

Amount of Each Receipt this Period  
58.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Santos, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Diversified Comm Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-729**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Sargent, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Exec Advisor, Gov't Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-745**  
 Amount of Each Receipt this Period 87.12  
 Memo Item

**C. Sarocka, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Professional, Clinical  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 313.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-665**  
 Amount of Each Receipt this Period 52.28  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 222.73  
**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 102 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Savage, Kelleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SrDir, Invst Strat&Analyt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-605**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Sawicki, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Product Dvlpmnt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.20

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-534**  
 Amount of Each Receipt this Period 35.70  
 Memo Item

**C. Schachte, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Advisor Pharmacy Practice  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-612**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.04  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schaper, Steven, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,Employer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-851**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Schild, Molly, , ,**

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir,ChiefMDCROfficer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-748**

Amount of Each Receipt this Period  
90.00

Memo Item

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

Mailing Address 1 CVS Drive

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-619**

Amount of Each Receipt this Period  
41.68

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	331.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Schmidt, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,TPA&Payer Solutions,WC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-925**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Schmidt, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Region Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-713**  
 Amount of Each Receipt this Period  
 83.32  
 Memo Item

**C. Schmidt, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-568**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.64
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scholvinck, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Application Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-606**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Schulman Mann, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Govnmt Relations CVS Healt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-928**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Schulz, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Service Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-890**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 708.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schwartz, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, FP&A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-542**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Scozzari, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) District Leader,Lic Fid Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-569**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Sendewicz, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,IT PBM Systems  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 627.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-792**  
 Amount of Each Receipt this Period  
 104.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Shah, Prem, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-929</b>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP, Specialty & Prod Innov	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shankman, Leonard, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-687</b>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,CFO Retail	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sharlow, Tracey, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2021
Mailing Address 1 CVS Drive		<b>Transaction ID : 2021061510256-733</b>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Dir, Rx Mkt Sls & Svc	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Shimanek, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Chief Privacy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-570**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Simmons, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Clin Solutions MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-607**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Simmons, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Complex Disease Optim Trans  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-770**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 183.33  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Simpson, Patricia, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Senior Compliance Lead
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-730**

Amount of Each Receipt this Period  
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Singal, Ritu, , ,**

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Product Management
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-715**

Amount of Each Receipt this Period  
83.32

Memo Item

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

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP, Board of Rx Practice
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-867**

Amount of Each Receipt this Period  
208.34

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 110 OF 149  
(check only one)

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

**A. Smith, Kelli, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Dir, FP&A
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : 2021061510256-694**

Amount of Each Receipt this Period  
65.00

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Clinical Solutions MD
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : 2021061510256-750**

Amount of Each Receipt this Period  
96.15

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : 2021061510256-771**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	261.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Southwell, Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-708**  
 Amount of Each Receipt this Period  
 77.00  
 Memo Item

**B. Speidell, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-785**  
 Amount of Each Receipt this Period  
 104.17  
 Memo Item

**C. Spradlin, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Clinical Strat Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-891**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	431.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Sprows, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Ent Mkt PPDM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-786**  
 Amount of Each Receipt this Period  
 104.17  
 Memo Item

**B. Stang, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Regulatory Affair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-797**  
 Amount of Each Receipt this Period  
 108.34  
 Memo Item

**C. Stuart, Duncan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Market President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-731**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.84
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sura, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Systems Engineerg Adv  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-657**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Swanson, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,MDCR Advantage&Part D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-904**  
 Amount of Each Receipt this Period 291.67  
 Memo Item

**C. Sweatland, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, IT Program Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 649.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-795**  
 Amount of Each Receipt this Period 108.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sweet, Jennifer, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Medicaid Hlth Plan I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2021

**Transaction ID : 9EFE70824D9A497EB7A2**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Talbott, Theresa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Advisor,Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
624.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021

**Transaction ID : 2021061510256-783**

Amount of Each Receipt this Period  
104.16

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket State RI Zip Code 02895

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Adv,Health Hub Execution

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  
 06 / 15 / 2021

**Transaction ID : 2021061510256-658**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2654.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Taupier, Tanya, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-905</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 291.67
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Human Resources HCB	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Terry, Elizabeth, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-549</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 40.20
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor, Govt Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.20	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thiele, Craig, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2021 <b>Transaction ID : 2021061510256-845</b>
Mailing Address 1 CVS Drive		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Front Store Innovation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	531.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thompson, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Advisor Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-629**  
 Amount of Each Receipt this Period  
 41.82  
 Memo Item

**B. Timm, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Dir Govt Pgms Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-860**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item

**C. Tiner, Brooke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Govt Relations Spec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-892**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tomasetti, Alisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Logistics Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-702**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item

**B. Tucci, Cia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-846**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Twachtman, Erich, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Public & Labor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-495**  
 Amount of Each Receipt this Period  
 27.77  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Tworek, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Pharmacy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2021  
**Transaction ID : 2021060910536-81**  
 Amount of Each Receipt this Period  
 43.33  
 Memo Item

**B. Ulrey, Alisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-571**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Umberto, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Strategic Procurement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-825**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Un, Hyong, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,EAP & Chf Psych Offcr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-893**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Underkoffler, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, Packaging and Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 649.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-796**  
 Amount of Each Receipt this Period  
 108.33  
 Memo Item

**C. Vance, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Bus Proj Program Sr Mgr  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-659**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Vazhavilla, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Analyst,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-613**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Ventura, Denis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Advisor,Reporting Mbr Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-550**  
 Amount of Each Receipt this Period 40.20  
 Memo Item

**C. Vij, Munish, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,IT Systems  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-784**  
 Amount of Each Receipt this Period 104.16  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 186.03  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Vipond, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,RE Acquisitions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-572**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Vitti, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,President MinuteClinic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-772**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Waldor, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021061510256-608**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Walker, Gloria, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director, Customer Care
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
439.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-707**

Amount of Each Receipt this Period  
73.18

Memo Item

**B. Walker, Jean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP, Chief Bus Actuary, Aetna
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-894**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP, Legal Services
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-703**

Amount of Each Receipt this Period  
70.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	393.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Wankum, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Clin Svcs & Plat Sol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-895**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Wantland-Welch, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Network Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-573**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Warrington, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Dir, FP&A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-896**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Washington, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1512.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-901**  
 Amount of Each Receipt this Period  
 252.00  
 Memo Item

**B. Washington, Elmer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Clinical Solutions MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-908**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Wasik, Mitzi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Fully Insured  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-790**  
 Amount of Each Receipt this Period  
 104.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	656.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Weinzierl-Jueckstock, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Bus Proj Program Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-609**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Weiss, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Territory Leader  
 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  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-660**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Weldon, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2021  
**Transaction ID : 121BC63AC00345F7B5B1**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5091.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Whalen, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Rx Trade & Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-714**  
 Amount of Each Receipt this Period  
 83.32  
 Memo Item

**B. White, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Professional,Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021061510256-551**  
 Amount of Each Receipt this Period  
 40.20  
 Memo Item

**C. White, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health BOD Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2021  
**Transaction ID : 01602AAE7FA545E689F5**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5123.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Williams, Sabrina, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
627.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-793**

Amount of Each Receipt this Period  
104.54

Memo Item

**B. Wilson, Sharon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Dir, Bus Proj Prog Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-773**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Wilson-Kerr, Ericka, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director, Fld Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021061510256-620**

Amount of Each Receipt this Period  
41.68

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 OF 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wingle, Paul, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-861</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation (for Individual) VP,Oprtnl Integrity&Prod		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1249.98"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wolfe, Michael, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-732</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Occupation (for Individual) Sr Dir, Service Ops		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="499.98"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wood, Michael, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-635</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="43.32"/>
Occupation (for Individual) Dir,Account Mgmt OCR		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="259.92"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="334.98"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 129 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wooldridge, Tyree, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-897</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) VP, Medicare Supplement		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wright JR., Clifford, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Woonsocket	State RI	Zip Code 02895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2021061510256-621</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="41.68"/>
Occupation (for Individual) Region Director Licstd, Fld Mgmt		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.08"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="291.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="101798.07"/>

**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 130 OF 149
<input 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 checked="" type="checkbox"/> 17

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

**A. CVS Health**

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

Mailing Address 1 CVS Drive

City Woonsocket	State RI	Zip Code 02895
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7141.92

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	17	/	2021

**Transaction ID : 4B83812C92BC4BB8B464**

Amount of Each Receipt this Period  
4809.54

Memo Item  
Erroneous Payroll Deposit, Refunded 9/21

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4809.54
<b>TOTAL</b> This Period (last page this line number only).....	4809.54

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

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

FOR LINE NUMBER: PAGE 131 OF 149  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Stivers For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

FEC ID number of contributing federal political committee. **C** C00441352

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2021

**Transaction ID : D6734A31D737FB15F6F**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Refund of contribution 2022 Primary

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Abraham Lincoln PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 824 S Millidge Ave Ste 101		FEC Identification Number C C00631051 <b>Transaction ID : 68A30737524</b> Amount of Each Disbursement this Period 5000.00
City Athens	State GA	Zip Code 30605
Purpose of Disbursement 2021 Contribution		011 Category/Type
Candidate Name <b>Abraham Lincoln PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angie Craig For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 22116		FEC Identification Number C C00575209 <b>Transaction ID : 769223155D1</b> Amount of Each Disbursement this Period 2000.00
City Eagan	State MN	Zip Code 55122
Purpose of Disbursement 2022 Primary		011 Category/Type
Candidate Name <b>Craig, Angela, Dawn, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) <b>C. Balderson For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 4679 Winterset Dr		FEC Identification Number C C00662650 <b>Transaction ID : 5B934AD0F4</b> Amount of Each Disbursement this Period 2500.00
City Columbus	State OH	Zip Code 43220-8113
Purpose of Disbursement 2022 Primary		011 Category/Type
Candidate Name <b>Balderson, Troy, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: OH District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bilirakis For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 606		FEC Identification Number C C00408534 <b>Transaction ID : 9329B829BE!</b> Amount of Each Disbursement this Period 2500.00
City Tarpon Springs	State FL	Zip Code 34688-0606
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Bilirakis, Gus, Michael, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 12	

Full Name (Last, First, Middle Initial) <b>B. Bluegrass Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C C00235655 <b>Transaction ID : 9DEBAED22A</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Bluegrass Committee</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BRETT PAC-The Leadership PAC of U.S.Representative Brett Guthrie</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 504 Derek Ave		FEC Identification Number C C00483487 <b>Transaction ID : C6F5DFA55E</b> Amount of Each Disbursement this Period 5000.00
City Elizabethtown	State KY	Zip Code 42701-9168
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>BRETT PAC-The Leadership PAC of U.S.Representative Brett Guthrie</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

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

12500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bridge The Gap PAC**

Mailing Address PO Box 83142

City  
Gaithersburg

State  
MD

Zip Code  
20883

Purpose of Disbursement  
2021 Contribution

011

Candidate Name

**Bridge The Gap PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number

C C00655423

**Transaction ID : 04CDA4AEA5**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Building And Restoring The American Dream Fund**

Mailing Address PO Box 30844

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
2021 Contribution

011

Candidate Name

**Building And Restoring The American Dream Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number

C C00590356

**Transaction ID : C30B20D7D6'**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Catherine Cortez-Masto For Senate**

Mailing Address 8020 S Rainbow Blvd  
Ste 100

City  
Las Vegas

State  
NV

Zip Code  
89139

Purpose of Disbursement  
2022 Primary

011

Candidate Name

**Cortez Masto, Catherine, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NV District:

Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number

C C00575548

**Transaction ID : 4E5A3D0375**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens For Boyle</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 14310		FEC Identification Number C 000543363 <b>Transaction ID : 6307C437D0E</b>
City Philadelphia	State PA	Zip Code 19115
Purpose of Disbursement 2022 Primary		Category/Type 011
Candidate Name <b>Boyle, Brendan, Francis, ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. CMR Political Action Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 2485		FEC Identification Number C 000469429 <b>Transaction ID : D6E154509D1</b>
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement 2021 Contribution		Category/Type 011
Candidate Name <b>CMR Political Action Committee</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Curtis For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 370 E South Temple Ste 580		FEC Identification Number C 000647339 <b>Transaction ID : 75A73462CE</b>
City Salt Lake City	State UT	Zip Code 84111
Purpose of Disbursement 2022 Primary		Category/Type 011
Candidate Name <b>Curtis, John, R., ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: UT	District: 03	

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

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

7500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Darren Soto For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2021

Mailing Address PO Box 421349

FEC Identification Number

**C** C00581074

**Transaction ID : EF05724CBF**

Amount of Each Disbursement this Period

2500.00

Memo Item

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Soto, Darren, Michael, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: FL District: 09

Full Name (Last, First, Middle Initial)  
**B. Debbie Dingell For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2021

Mailing Address 19855 Outer Dr  
Ste 103

FEC Identification Number

**C** C0058213

**Transaction ID : C0FA537F30C**

Amount of Each Disbursement this Period

1500.00

Memo Item

City Dearborn State MI Zip Code 48124

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Dingell, Deborah, Ann, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: MI District: 12

Full Name (Last, First, Middle Initial)  
**C. Elizabeth Pannill Fletcher For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2021

Mailing Address 3262 Westheimer Rd  
# 636

FEC Identification Number

**C** C00640045

**Transaction ID : 2BC66D7F50**

Amount of Each Disbursement this Period

3000.00

Memo Item

City Houston State TX Zip Code 77098

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Fletcher, Elizabeth, Pannill, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: TX District: 07

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

7000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Evergreen PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 499 S Capitol St SW Ste 420		FEC Identification Number C C00576090 <b>Transaction ID : F86D765B26!</b> Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Evergreen PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Families For James Lankford</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 1639		FEC Identification Number C C00466482 <b>Transaction ID : D503DE44BD</b> Amount of Each Disbursement this Period 2500.00
City Bethany	State OK	Zip Code 73008-1639
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Lankford, James, Paul, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: OK District:		

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Thune</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 841		FEC Identification Number C C00409581 <b>Transaction ID : 63F71896CC</b> Amount of Each Disbursement this Period 1500.00
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Thune, John, Randolph, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: SD District:		

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

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

6500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Friends Of John Thune</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 841		FEC Identification Number C00409581 <b>Transaction ID : 47D66479586</b>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement 2022 General		Category/Type 011
Candidate Name <b>Thune, John, Randolph, ,</b>		Amount of Each Disbursement this Period 3500.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SD	District:	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Todd Young, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 3743		FEC Identification Number C00459255 <b>Transaction ID : 3918BD68AF</b>
City Carmel	State IN	Zip Code 46082
Purpose of Disbursement 2022 General		Category/Type 011
Candidate Name <b>Young, Todd, Christopher, ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District:	

Full Name (Last, First, Middle Initial) <b>C. Gallego For Arizona</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 1710		FEC Identification Number C00558627 <b>Transaction ID : A037E18795I</b>
City Phoenix	State AZ	Zip Code 85001
Purpose of Disbursement 2022 Primary		Category/Type 011
Candidate Name <b>Gallego, Ruben, M., ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 07	

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Getting Stuff Done PAC (GSD-PAC)**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement 2021 Contribution

Candidate Name **Getting Stuff Done PAC (GSD-PAC)**

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify)  Contribution

State: District:

Date of Disbursement 06 / 28 / 2021

FEC Identification Number C00571182

Transaction ID : E6E56AEA62

Amount of Each Disbursement this Period 5000.00

Memo Item

**B. Giving US Security Political Action Committee (GUS PAC)**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement 2021 Contribution

Candidate Name **Giving US Security Political Action Committee (GUS PAC)**

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify)  Contribution

State: District:

Date of Disbursement 06 / 28 / 2021

FEC Identification Number C00531517

Transaction ID : 8DE1F49A82!

Amount of Each Disbursement this Period 2500.00

Memo Item

**C. Granite Values PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 105 N State St

City Concord State NH Zip Code 03301

Purpose of Disbursement 2021 Contribution

Candidate Name **Granite Values PAC**

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify)  Contribution

State: District:

Date of Disbursement 06 / 28 / 2021

FEC Identification Number C00629311

Transaction ID : E7B0ECBED

Amount of Each Disbursement this Period 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Hudson Valley PAC**

Full Name (Last, First, Middle Initial)  
Hudson Valley PAC

Mailing Address 415 New Jersey Ave SE  
Apt 1

City Washington State DC Zip Code 20003

Purpose of Disbursement 2021 Contribution

Candidate Name Hudson Valley PAC

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 06 / 28 / 2021

FEC Identification Number C00549014  
Transaction ID : 9FA81193F7E  
Amount of Each Disbursement this Period 5000.00

Memo Item

**B. Kathleen Rice For Congress**

Full Name (Last, First, Middle Initial)  
Kathleen Rice For Congress

Mailing Address PO Box 957

City Long Beach State NY Zip Code 11561

Purpose of Disbursement 2022 Primary

Candidate Name Rice, Kathleen, Maura, ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: NY District: 04

Date of Disbursement 06 / 28 / 2021

FEC Identification Number C00555813  
Transaction ID : 45C3FEF74C1  
Amount of Each Disbursement this Period 2000.00

Memo Item

**C. Kind For Congress Committee**

Full Name (Last, First, Middle Initial)  
Kind For Congress Committee

Mailing Address PO Box 184

City La Crosse State WI Zip Code 54602

Purpose of Disbursement 2022 Primary

Candidate Name Kind, Ronald, James, ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: WI District: 03

Date of Disbursement 06 / 28 / 2021

FEC Identification Number C00312017  
Transaction ID : 6568D56638E  
Amount of Each Disbursement this Period 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Larson For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 261172		FEC Identification Number C00330142 <b>Transaction ID : 0B020D0E02</b> Amount of Each Disbursement this Period 5000.00
City Hartford	State CT	Zip Code 06126-1172
Purpose of Disbursement 2022 General		011 Category/ Type
Candidate Name <b>Larson, John, Barry, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Lisa Murkowski For US Senate</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 100847		FEC Identification Number C00384529 <b>Transaction ID : 8D7B074917C</b> Amount of Each Disbursement this Period 2500.00
City Anchorage	State AK	Zip Code 99510
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Murkowski, Lisa, Ann, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AK	District:	

Full Name (Last, First, Middle Initial) <b>C. Making America Prosperous PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 2485		FEC Identification Number C00445379 <b>Transaction ID : B438538A02</b> Amount of Each Disbursement this Period 5000.00
City Springfield	State VA	Zip Code 22152-0485
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Making America Prosperous PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
State:	District:	

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Marc Veasey Congressional Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 50084		FEC Identification Number C C00506832 <b>Transaction ID : 576029A9E2F</b>
City Fort Worth	State TX	Zip Code 76105
Purpose of Disbursement 2022 Primary		Category/ Type 011
Candidate Name <b>Veasey, Marc, A., ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 33	

Full Name (Last, First, Middle Initial) <b>B. Marco Rubio For Senate</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C C00620518 <b>Transaction ID : BC1697AE16!</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2022 Primary		Category/ Type 011
Candidate Name <b>Rubio, Marco, Antonio, ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>C. Mike Crapo For US Senate</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 1948		FEC Identification Number C C00330886 <b>Transaction ID : F4856E8230!</b>
City Boise	State ID	Zip Code 83701
Purpose of Disbursement 2022 General		Category/ Type 011
Candidate Name <b>Crapo, Michael, Dean, ,</b>		Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ID	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Narragansett Bay PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 8628		FEC Identification Number C00403592 <b>Transaction ID : C002E2A9F7!</b> Amount of Each Disbursement this Period 5000.00
City Cranston	State RI	Zip Code 02920
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Narragansett Bay PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Next Century Fund</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address 116 S Royal St		FEC Identification Number C00343947 <b>Transaction ID : C946FFCCF1!</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Next Century Fund</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Oorah! Political Action Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO Box 3743		FEC Identification Number C00551853 <b>Transaction ID : 8AE46655D0</b> Amount of Each Disbursement this Period 5000.00
City Carmel	State IN	Zip Code 46082
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Oorah! Political Action Committee</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: _____	District: _____	

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. People For Patty Murray**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3662

City: Seattle State: WA Zip Code: 98124

Purpose of Disbursement: 2022 General

Candidate Name: Murray, Patricia, Lynn, ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C00257642  
Transaction ID : 3F3A305FE3f  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**B. People For Patty Murray**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3662

City: Seattle State: WA Zip Code: 98124

Purpose of Disbursement: 2022 Primary

Candidate Name: Murray, Patricia, Lynn, ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C00257642  
Transaction ID : F7965559FBC  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**C. Pete Aguilar For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 10954

City: San Bernardino State: CA Zip Code: 92423

Purpose of Disbursement: 2022 Primary

Candidate Name: Aguilar, Peter, Ray, ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 31

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C00510461  
Transaction ID : CB4FAE67E/  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Robin Kelly For Congress**

Date of Disbursement  
MM / DD / YYYY  
06 / 28 / 2021

Mailing Address PO Box 3411

City Chicago State IL Zip Code 60654

Purpose of Disbursement  
2022 Primary

Candidate Name  
**Kelly, Robin, Lynne, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IL District: 02

FEC Identification Number  
**C00539866**  
Transaction ID : **2CAAD3F1DI**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Shore PAC**

Date of Disbursement  
MM / DD / YYYY  
06 / 28 / 2021

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2021 Contribution

Candidate Name  
**Shore PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) Contribution

State: District:

FEC Identification Number  
**C00410308**  
Transaction ID : **47AFA47B5A**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Stanton For Congress**

Date of Disbursement  
MM / DD / YYYY  
06 / 28 / 2021

Mailing Address 4340 E Indian School Rd Ste 21-518

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
2022 Primary

Candidate Name  
**Stanton, Greg, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: AZ District: 09

FEC Identification Number  
**C00657304**  
Transaction ID : **7F249C8323I**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Stephanie Murphy For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2021

Mailing Address PO Box 205

FEC Identification Number

**C** C00620443

City Winter Park State FL Zip Code 32790-0205

**Transaction ID : 30FB8D0E80!**  
Amount of Each Disbursement this Period

Purpose of Disbursement 2022 Primary  
Category/Type **011**

5000.00

Candidate Name **Murphy, Stephanie, N., ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: FL District: 07

Memo Item

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2021

Mailing Address PO Box 1964

FEC Identification Number

**C** C00458976

City Birmingham State AL Zip Code 35201

**Transaction ID : 7BC1970F4A!**  
Amount of Each Disbursement this Period

Purpose of Disbursement 2022 Primary  
Category/Type **011**

2000.00

Candidate Name **Sewell, Terri, Andrea, ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: AL District: 07

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Madison PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2021

Mailing Address 235 State St Apt 206

FEC Identification Number

**C** C00426809

City Springfield State MA Zip Code 01103

**Transaction ID : 00917AA7C3**  
Amount of Each Disbursement this Period

Purpose of Disbursement 2021 Contribution  
Category/Type **011**

5000.00

Candidate Name **The Madison PAC**  
Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) ▼ Contribution  
State: District:

Memo Item

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

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

12000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Tom O'Halleran For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2021

Mailing Address PO Box 63992

FEC Identification Number

**C** C00582890

**Transaction ID : E160D14AB6**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**O'Halleran, Tom, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: AZ District: 01

Full Name (Last, First, Middle Initial)  
**B. Tomorrow Is Meaningful PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2021

Mailing Address 1409 Ashley River Rd

FEC Identification Number

**C** C00495887

**Transaction ID : F36BE1B2DE**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Charleston State SC Zip Code 29407

Purpose of Disbursement  
2021 Contribution

011  
Category/  
Type

Candidate Name  
**Tomorrow Is Meaningful PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify)  
State: District: Contribution

Full Name (Last, First, Middle Initial)  
**C. Tony Cardenas For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2021

Mailing Address PO Box 15320

FEC Identification Number

**C** C00498873

**Transaction ID : 8F81F3D97F**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Cardenas, Tony, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CA District: 29

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

15000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Vern Buchanan For Congress

Mailing Address PO Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
2022 Primary

Category/  
Type

Candidate Name

**Buchanan, Vernon, Gale, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

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

FEC Identification Number

**C** C00412759

**Transaction ID : F40454D5D9**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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**

**A. Sweeney for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 21547 Hwy S27

City Alden State IA Zip Code 50006

Purpose of Disbursement  
Void of 12/15/2020 contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 23 / 2021

FEC Identification Number: C [ ]  
**Transaction ID : 814C326336A**  
Amount of Each Disbursement this Period: [ ] - 1000.00

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: MM / DD / YYYY

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

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: MM / DD / YYYY

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ [ ] - 1000.00

**TOTAL** This Period (last page this line number only)..... ▶ [ ] - 1000.00