

# 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.

CVS Health PAC

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2)            | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4)            | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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.

Raines, Billy, , ,

Type or Print Name of Treasurer

Signature of Treasurer Raines, Billy, , , [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.

Office Use Only

**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="2017"/>		210543.71
(b) Cash on Hand at Beginning of Reporting Period.....	211128.76	
(c) Total Receipts (from Line 19) .....	36777.24	71178.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	247906.00	281721.82
7. Total Disbursements (from Line 31).....	84000.00	117815.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	163906.00	163906.00
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 02 / 01 / 2017 To: M M / D D / Y Y Y Y Y 02 / 28 / 2017

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20206.53	32389.79
(ii) Unitemized .....	15070.71	37288.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35277.24	69678.11
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35277.24	69678.11
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.....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	36777.24	71178.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36777.24	71178.11

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84000.00	104000.00
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 .....	0.00	0.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.04
29. Other Disbursements (Including Non-Federal Donations).....	0.00	13815.78
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)) ..	84000.00	117815.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84000.00	117815.82

**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) .....	35277.24	69678.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35277.24	69678.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Abbott, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Retail Pharmacy Ops  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-526**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bahl, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 George Washington Hwy  
 City Lincoln State RI Zip Code 02865-4257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP Health Plans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-877**  
 Amount of Each Receipt this Period  
 333.33  
 Memo Item

**C. Bailey, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Specialty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 276.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2017  
**Transaction ID : 2017031310289-779**  
 Amount of Each Receipt this Period  
 69.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	652.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<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. Bailey, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head, Specialty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.92

Date of Receipt 02 / 17 / 2017  
**Transaction ID : 2017031310289-778**  
 Amount of Each Receipt this Period 69.23  
 Memo Item

**B. Baker, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP, Head of Retail Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-272**  
 Amount of Each Receipt this Period 333.33  
 Memo Item

**C. Barone, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29100 Aurora Rd  
 City Solon State OH Zip Code 44139-1855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Group Head, Health Plan  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-852**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	652.56
<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 46
	<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. Betses, Dimitri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Government Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-18**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Bisaccia, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP, CVS Health & CHRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-456**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**C. Boratto, Eva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Highland Corporate Dr  
 City Cumberland State RI Zip Code 02864-1786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Finance & Control CVS Heal  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-818**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	866.66
<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 9 OF 46
	<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. Botsford, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Human Resources CVS Health  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-94**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Brown, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-834**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Buckley, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Highland Corporate Dr  
 City Cumberland State RI Zip Code 02864-1786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Pharm & Clinical Prgms  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-72**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 10 OF 46
	<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. Casey, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Diversity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-810**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Casillas, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-503**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Castel, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Corporate Communications  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-498**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<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. Christal, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 Post Rd  
 Ste 210  
 City Scarsdale State NY Zip Code 10583-5024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Investor Relations  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-91**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Clapsis, Antonios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1275 Pennsylvania Ave NW  
 Ste 700  
 City Washington State DC Zip Code 20004-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Business Development BP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-903**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Coleman, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VPMM  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-851**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<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 12 OF 46
	<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. Cox, Christopher, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : 2017031310289-537</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 166.66
City Woonsocket	State RI	Zip Code 02895-6146
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 Store Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Crisp, Florence, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : 2017031310289-842</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 125.00
City Woonsocket	State RI	Zip Code 02895-6146
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 Ent Litigation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. De Nale, Carol, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : 2017031310289-150</b>
Mailing Address 200 Highland Corporate Dr		Amount of Each Receipt this Period 250.00
City Cumberland	State RI	Zip Code 02864-1786
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 ▼ 500.00	

<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 13 OF 46
	<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. Dempsey, Donald, , ,**

Mailing Address 1275 Pennsylvania Ave NW  
Ste 700

City Washington State DC Zip Code 20004-2448

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Policy & Regulatory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2017

**Transaction ID : 2017031310289-945**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket State RI Zip Code 02895-6146

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP & CFO, CVS Health

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2017

**Transaction ID : 2017031310289-335**

Amount of Each Receipt this Period  
208.33

Memo Item

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

Mailing Address 2211 Sanders Rd

City Northbrook State IL Zip Code 60062-6150

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Finance

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2017

**Transaction ID : 2017031310289-707**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	438.33
<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 14 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dixon, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2017  
**Transaction ID : 2017031310289-706**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Erwin, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Allendale Rd  
 City King Of Prussia State PA Zip Code 19406-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Clinical Svcs LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-912**  
 Amount of Each Receipt this Period  
 200.01  
 Memo Item

**C. Falkowski, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP & Chief Compliance Officer  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-823**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.01  
**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 15 OF 46
	<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. Fiorini, Lloyd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP & Sr Legal Counsel  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-760**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Flum, Joshua, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP,Corp Strategy & Bus Dev  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-404**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Foulkes, Helena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) President, CVS Pharmacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-63**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	816.66
<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 16 OF 46
	<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. Frendo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 W John Carpenter Fwy  
 Ste 1200  
 City Irving State TX Zip Code 75039-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,PBM Strategic Ops & Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-863**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Frumento, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-88**  
 Amount of Each Receipt this Period  
 108.33  
 Memo Item

**C. Gilson, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr  
 Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Group Head, Health Plan  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-858**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	774.99
<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 17 OF 46
	<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. Gold, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr  
 Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP, CVS Health & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-843**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Griffin, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Corporate HR  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-89**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Grunsfeld, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Product Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-897**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	866.66
<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 18 OF 46
	<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	<input type="checkbox"/> 17

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

**A. Guinn, Colvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 E Shea Blvd  
 City Scottsdale State AZ Zip Code 85260-6719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Network  
 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  
 02 / 17 / 2017  
**Transaction ID : 2017031310289-653**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item

**B. Helle, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 E Shea Blvd  
 City Scottsdale State AZ Zip Code 85260-6719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Specialty Sales  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-610**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Holodak, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-873**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	407.69
<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 46
	<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. Jordan, Brenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP & Sr Legal Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-56**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Joyner, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 W John Carpenter Fwy Ste 1200  
 City Irving State TX Zip Code 75039-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP Sales & Account Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-718**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Kamen, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,Talent Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-226**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	691.66
<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 20 OF 46
	<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. Kennedy, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Highland Corporate Dr  
 City Cumberland State RI Zip Code 02864-1786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Finance  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-867**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. King, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) District Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-242**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Knudson, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Highland Corporate Dr  
 City Cumberland State RI Zip Code 02864-1786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Finance Retail  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-602**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.33
<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 21 OF 46
	<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 <b>A. Kraft, Rocky, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 10 / 2017
Mailing Address 900 Omnicare Center 201 E 4Th St			<b>Transaction ID : 2017031310289-939</b>
City Cincinnati	State OH	Zip Code 45202	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) EVP & President,LTC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lavin, John, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 10 / 2017
Mailing Address 9501 E Shea Blvd			<b>Transaction ID : 2017031310289-611</b>
City Scottsdale	State AZ	Zip Code 85260-6719	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health		Occupation (for Individual) SVP Network Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Leonard, Matthew, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 10 / 2017
Mailing Address 695 George Washington Hwy			<b>Transaction ID : 2017031310289-58</b>
City Lincoln	State RI	Zip Code 02865-4257	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health		Occupation (for Individual) EVP,Pharma,Ret&LTC Cont Rx Pur	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	791.66
<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 22 OF 46
	<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. Link, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-128**  
 Amount of Each Receipt this Period  
 180.00  
 Memo Item

**B. Loeber, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Trade Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-836**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Lotvin, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 George Washington Hwy  
 City Lincoln State RI Zip Code 02865-4257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP Specialty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-848**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	721.66
<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 46
	<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	<input type="checkbox"/> 17

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

**A. Macrae, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Employer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 17 / 2017  
**Transaction ID : 2017031310289-714**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Margiotta, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 W John Carpenter Fwy Ste 1200  
 City Irving State TX Zip Code 75039-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Group Head,Aetna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.66

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-722**  
 Amount of Each Receipt this Period 166.83  
 Memo Item

**C. McGuire, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Investor Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-86**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	421.83
<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 24 OF 46
	<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. McIntosh, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Legal Corporate Secretary  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-876**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Merlo, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) President & CEO,CVS Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-166**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**C. Meyer, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29100 Aurora Rd  
 City Solon State OH Zip Code 44139-1855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Marketing Med D  
 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  
 02 / 17 / 2017  
**Transaction ID : 2017031310289-825**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	724.35
<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 25 OF 46
	<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. Moriarty, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr  
 Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) EVP,Chief HSO & Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-845**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**B. Murphy, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 George Washington Hwy  
 City Lincoln State RI Zip Code 02865-4257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Group Head,Specialty Infusion  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-835**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Murray, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,MC IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-811**  
 Amount of Each Receipt this Period  
 135.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	801.66
<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 26 OF 46
	(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. Navagamuwa, Roshan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Client Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-844**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. O'Rourke, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Sales & Benefit Verf  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-741**  
 Amount of Each Receipt this Period 166.66  
 Memo Item

**C. Pagano, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-870**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	566.66
<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 27 OF 46
	<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. Pal, Pushendu, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017
Mailing Address 2100 E Lake Cook Rd		<b>Transaction ID : 2017031310289-824</b>
City Buffalo Grove	State IL	Zip Code 60089-1999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) CVS Health	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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Palombi, David, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017031310289-899</b>
City Woonsocket	State RI	Zip Code 02895-6146
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) SVP,Chief Comm Officer CVS Hea	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Patterson, Angela, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017031310289-819</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,MC Chief Nursing Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<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: PAGE 28 OF 46  
(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. Payette, Kathy-Jo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Human Resources Retail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-1**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Penberthy, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1275 Pennsylvania Ave NW Ste 700  
 City Washington State DC Zip Code 20004-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-948**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Phillips, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP & Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-399**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<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. Pons, Natalie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 E Shea Blvd  
 City Scottsdale State AZ Zip Code 85260-6719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP Asst General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-685**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Proulx, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP PBM Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-857**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Puopolo, Ann Louise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Enterprise Patient Safety  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-856**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 46
	<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. Riva, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

**Transaction ID : 2017031310289-643**

Amount of Each Receipt this Period  
38.46

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : 2017031310289-181**

Amount of Each Receipt this Period  
416.66

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : 2017031310289-39**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	705.12
<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 31 OF 46
	<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. Schulman, Melissa, , ,**

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Govnmt Relations CVS Healt
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : 2017031310289-938**

Amount of Each Receipt this Period  
416.66

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : 2017031310289-92**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 9501 E Shea Blvd

City Scottsdale	State AZ	Zip Code 85260-6719
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2017

**Transaction ID : 2017031310289-615**

Amount of Each Receipt this Period  
78.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	694.66
<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 46
	<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. Shafer, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 E Shea Blvd  
 City Scottsdale State AZ Zip Code 85260-6719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Division Head,Employer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2017  
**Transaction ID : 2017031310289-614**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item

**B. Shah, Prem, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Open Market & Phys. Serv.  
 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  
 02 / 10 / 2017  
**Transaction ID : 2017031310289-462**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Shimko, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1350 Lee Blvd  
 City Lehigh Acres State FL Zip Code 33936-4846  
 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 ▼ 216.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2017  
**Transaction ID : 2017031310289-367**  
 Amount of Each Receipt this Period  
 54.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	382.17
<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 33 OF 46
	<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. Sinko, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr  
 Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,AGC Board of Rx Practice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-901**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Stang, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 E Shea Blvd  
 City Scottsdale State AZ Zip Code 85260-6719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Regulatory Affair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 02 / 03 / 2017  
**Transaction ID : 2017031310289-746**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Stang, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 E Shea Blvd  
 City Scottsdale State AZ Zip Code 85260-6719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,Regulatory Affair  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 02 / 17 / 2017  
**Transaction ID : 2017031310289-745**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 404.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
	<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. Stivender, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : 2017031310289-739</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 108.33
City Woonsocket	State RI	Zip Code 02895-6146
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 Facilities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.66	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sussman, Andrew, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : 2017031310289-803</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 416.66
City Woonsocket	State RI	Zip Code 02895-6146
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, ACMO and President MC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thiele, Craig, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : 2017031310289-274</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	724.99
<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 35 OF 46
	<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. Tilzer, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 Highland Corporate Dr  
 City Cumberland State RI Zip Code 02864-1799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Digital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-854**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Tucci, Cia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VPMM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-87**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Umberto, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Highland Corporate Dr  
 City Cumberland State RI Zip Code 02864-1786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Strategic Procurement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-69**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 36 OF 46
	(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. Valois, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director,HR Bus Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-82**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Wasdyke, Calvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,PBM Strategic Ops & Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-902**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wheeler, Hanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Field Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : 2017031310289-233**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 37 OF 46
	<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. Williams, Kathleen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Dr  
Ste 310

City Florham Park State NJ Zip Code 07932-1007

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 10 / 2017  
**Transaction ID : 2017031310289-888**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket State RI Zip Code 02895-6146

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
02 / 10 / 2017  
**Transaction ID : 2017031310289-310**

Amount of Each Receipt this Period  
120.00

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket State RI Zip Code 02895-6146

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Logistics

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 10 / 2017  
**Transaction ID : 2017031310289-841**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	20206.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 46
<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 checked="" 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. Friends of Dan Newberry 2016**

Mailing Address 4843 S. 81st W. Avenue

City Tulsa	State OK	Zip Code 74107
---------------	-------------	-------------------

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 ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		06		2017

**Transaction ID : DF8901CF3D2C4D2F8723**

Amount of Each Receipt this Period  
500.00

Memo Item  
Refund of 10/2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ReElect Greg Treat 2016**

Mailing Address 6101 NW 162nd Street

City Oklahoma City	State OK	Zip Code 73013
-----------------------	-------------	-------------------

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 ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		06		2017

**Transaction ID : CF6B53623BA04361958B**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Refund of 10/2016 Contribution

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

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).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary 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. Bob Casey For Senate Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement 2018 Primary

Candidate Name Casey, Robert, P., , Jr

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement: 02 / 16 / 2017

FEC Identification Number: C00431056  
Transaction ID : D646AEAAD/  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Brady For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement 2018 Primary

Candidate Name Brady, Kevin, Patrick, ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 08

Date of Disbursement: 02 / 16 / 2017

FEC Identification Number: C00311043  
Transaction ID : FF5BFA9FC0/  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Carlos Curbelo Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 8724 SW 72Nd St #355

City Miami State FL Zip Code 33173

Purpose of Disbursement 2018 Primary

Candidate Name Curbelo, Carlos, Luis, ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 26

Date of Disbursement: 02 / 01 / 2017

FEC Identification Number: C00546846  
Transaction ID : 513A2944BA/  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8500.00

**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. Cummings For Congress Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address PO Box 1631		FEC Identification Number C00310318 <b>Transaction ID : 87A76DBB11</b>
City Baltimore	State MD	Zip Code 21203
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name <b>Cummings, Elijah, E., ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DSCC</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address 120 Maryland Ave NE		FEC Identification Number C00042366 <b>Transaction ID : 938F30BED1f</b>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2017 Contribution		011 Category/ Type
Candidate Name <b>DSCC</b>		Amount of Each Disbursement this Period 15000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Barrasso</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address PO Box 52008		FEC Identification Number C00436386 <b>Transaction ID : 5F3791DDEA</b>
City Casper	State WY	Zip Code 82605
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name <b>Barrasso, John, Anthony, ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District:	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

17000.00



**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. Hatch Election Committee Inc**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 3986

M M M	/	D D D	/	Y Y Y Y Y
02		16		2017

City Washington State DC Zip Code 20027

FEC Identification Number

Purpose of Disbursement 2018 General

C	C00104752
---	-----------

Candidate Name Hatch, Orrin, Grant, ,

011
Category/Type

Transaction ID : 97A02C86E5

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: UT District:

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

5000.00
---------

Memo Item

**B. Heidi For Senate**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1577

M M M	/	D D D	/	Y Y Y Y Y
02		16		2017

City Bismarck State ND Zip Code 58502-1577

FEC Identification Number

Purpose of Disbursement 2018 Primary

C	C00505552
---	-----------

Candidate Name Heitkamp, Heidi, , ,

011
Category/Type

Transaction ID : BAD55227341

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: ND District:

Disbursement For: 2018  
 Primary  General  Other (specify)

1000.00
---------

Memo Item

**C. IMPACT**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 192 Lexington Ave. Suite 1001

M M M	/	D D D	/	Y Y Y Y Y
02		16		2017

City New York State NY Zip Code 10016

FEC Identification Number

Purpose of Disbursement 2017 Contribution

C	C00348607
---	-----------

Candidate Name IMPACT

011
Category/Type

Transaction ID : FA78D2318B

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2017  
 Primary  General  Other (specify) ▼  
Contribution

5000.00
---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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. Jeff Flake For US Senate Inc**

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284-0042

Purpose of Disbursement 2018 Primary

Candidate Name **Flake, Jeffrey, Lane, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District:

Date of Disbursement 02 / 16 / 2017

FEC Identification Number **C00347260**  
**Transaction ID : F56B452815E**  
Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Majority Committee PAC--Mc PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement 2017 Contribution

Candidate Name **Majority Committee PAC--Mc PAC**

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 02 / 16 / 2017

FEC Identification Number **C00428052**  
**Transaction ID : D7177D107E3**  
Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement 2017 Contribution

Candidate Name **Making America Prosperous PAC**

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 02 / 16 / 2017

FEC Identification Number **C00445379**  
**Transaction ID : 64A29BC925**  
Amount of Each Disbursement this Period 5000.00

Memo Item

**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. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Matsui, Doris, O., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2017

FEC Identification Number

C C00409219

Transaction ID : DBC7DCFFF/  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Minnesota Senate Majority Caucus

Mailing Address PO Box 7307

City St Paul State MN Zip Code 55107

Purpose of Disbursement  
VOID OF 2016 CONTRIBUTION

011

Category/  
Type

Candidate Name

**Minnesota Senate Majority Caucus**

Office Sought:  House  
 Senate  
 President

Disbursement For: Contribution  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2017

FEC Identification Number

C C00380352

Transaction ID : 115D1083BF/  
Amount of Each Disbursement this Period

-2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. New Democrat Coalition PAC

Mailing Address 700 13Th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

**New Democrat Coalition PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2017

FEC Identification Number

C C00409730

Transaction ID : D86EE8ACF/  
Amount of Each Disbursement this Period

5000.00

Memo Item

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

3500.00

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. NRSC**

Full Name (Last, First, Middle Initial)

Mailing Address 425 2Nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2017 Contribution

Candidate Name **NRSC**

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 02 / 16 / 2017

FEC Identification Number **C00027466**  
**Transaction ID : 078DA6873D!**

Amount of Each Disbursement this Period 15000.00

Memo Item

**B. People For Ben**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement 2018 Primary

Candidate Name **Lujan, Ben, Ray, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: NM District: 03

Date of Disbursement 02 / 16 / 2017

FEC Identification Number **C00443689**  
**Transaction ID : 7B8628933A4**

Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Republican Mainstreet Partnership PAC**

Full Name (Last, First, Middle Initial)

Mailing Address C/O G&W 2201 Wisconsin Ave., NW Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement 2017 Contribution

Candidate Name **Republican Mainstreet Partnership PAC**

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 02 / 16 / 2017

FEC Identification Number **C00165159**  
**Transaction ID : 5C37C469E1**

Amount of Each Disbursement this Period 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 21000.00

**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. Scalise Leadership Fund**

Mailing Address 317 15Th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2017 Contribution

**011**  
Category/  
Type

Candidate Name  
**Scalise Leadership Fund**

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 16 / 2017

FEC Identification Number

**C**   
**Transaction ID : FA7CA1570D**  
Amount of Each Disbursement this Period  
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Senate Victory PAC**

Mailing Address 161 St Anthony Ave Suite 902

City St Paul State MN Zip Code 55103

Purpose of Disbursement  
VOID OF 2016 CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**Senate Victory PAC**

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 28 / 2017

FEC Identification Number

**C** C00506410  
**Transaction ID : 1509A0CC4DI**  
Amount of Each Disbursement this Period  
 -500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2018 Primary

**011**  
Category/  
Type

Candidate Name  
**Tiberi, Patrick, Joseph, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Contribution

State: OH District: 12

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 16 / 2017

FEC Identification Number

**C** C00347492  
**Transaction ID : F058B052A7**  
Amount of Each Disbursement this Period  
 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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. Tom Rice For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572-0020

Purpose of Disbursement 2018 Primary

Candidate Name Rice, Tom, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: SC District: 07

Date of Disbursement: 02 / 16 / 2017

FEC Identification Number: C C00506048

Transaction ID : 4BC50138E4

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	84000.00