

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**CVS Health PAC**

ADDRESS (number and street) **1275 Pennsylvania Avenue, NW**  
**Suite 700**  
 Check if different than previously reported. (ACC) **Washington DC 20004**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00384818** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /    through   /   /

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

Signature of Treasurer Hawxhurst, Laura, , , [Electronically Filed] Date   /   /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**CVS Health PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="210543.71"/>	<input type="text" value="210543.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="205499.20"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33713.31"/>	<input type="text" value="249705.45"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="239212.51"/>	<input type="text" value="460249.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="62500.00"/>	<input type="text" value="283536.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="176712.51"/>	<input type="text" value="176712.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CVS Health PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29799.47	181467.84
(ii) Unitemized .....	3913.84	66737.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33713.31	248205.45
(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) .....	33713.31	248205.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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)).....▶	33713.31	249705.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33713.31	249705.45

**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.....	61500.00	263000.00
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	20.87
(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	20.87
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	20515.78
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)) ..	62500.00	283536.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62500.00	283536.65

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	33713.31	248205.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.87
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33713.31	248184.58
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:	PAGE 6 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Abbott, Joseph, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 12 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017070711584-26</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) VP, Retail Pharmacy Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Armstrong, Lora, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2017
Mailing Address 2211 Sanders Rd		<b>Transaction ID : 2017070711584-240</b>
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Medical Affairs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Armstrong, Lora, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2017
Mailing Address 2211 Sanders Rd		<b>Transaction ID : 2017070711584-239</b>
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Medical Affairs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	326.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 125
	<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. Arnold, Kray, , ,**  
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) Sr Director,Enterprise Systems
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-254**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. Auger, Raymond, , ,**  
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,IT Retail Systems
-------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-201**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Awais, Jose, , ,**  
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) AVP
-------------------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-222**

Amount of Each Receipt this Period  
41.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	118.33
<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 8 OF 125  
(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. Ayotte, Michael, , ,**  
 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,State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-168**  
 Amount of Each Receipt this Period 45.00  
 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 ▼ 1999.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-13**  
 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 ▼ 899.99

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-120**  
 Amount of Each Receipt this Period 69.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 447.56  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 125
	(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. 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 ▼ 899.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-119**  
 Amount of Each Receipt this Period  
 69.23  
 Memo Item

**B. Baker, Neal, , ,**  
 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) Chief Privacy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-163**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. 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 ▼ 1999.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-12**  
 Amount of Each Receipt this Period  
 333.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	452.56
<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: PAGE 10 OF 125  
(check only one)

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

**A. Baker, William, , ,**  
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) Pharmacy Supv,Fld Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2017  
**Transaction ID : 2017070711584-200**  
Amount of Each Receipt this Period  
41.67  
 Memo Item

**B. Barish, Lynne, , ,**  
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,Rx Merchandising  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2017  
**Transaction ID : 2017070711584-199**  
Amount of Each Receipt this Period  
41.67  
 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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2017  
**Transaction ID : 2017070711584-30**  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 333.34  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 125  
(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. Barron, John, , ,**  
 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) VP, Digital Operations  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-134**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Basedow, Jeremy, , ,**  
 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,Employer  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-413**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Basedow, Jeremy, , ,**  
 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,Employer  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-412**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.96  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 12 OF 125  
(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. Becker, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Bananier Dr  
 City Toms River State NJ Zip Code 08755-4812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Pharmacy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-415**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**B. Becker, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Bananier Dr  
 City Toms River State NJ Zip Code 08755-4812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Pharmacy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-414**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**C. Bell, Alan, , ,**  
 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) Director,Clinical Services LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-179**  
 Amount of Each Receipt this Period 43.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 125  
(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. Bell, Katherine, , ,**  
 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 Advisor, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-293**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**B. Bell, Katherine, , ,**  
 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 Advisor, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-292**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. Best, Daniel, , ,**  
 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 Trade Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-94**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.68  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 14 OF 125  
(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. 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) EVP, Member SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-53**  
 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 ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-7**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**C. Bond, Scott, , ,**  
 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) Division Head,Health Plan  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-307**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 641.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 125  
(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. Bond, Scott, , ,**  
 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) Division Head,Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-306**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Boone, Eileen, , ,**  
 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,Corp Social Resp and Phil  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-92**  
 Amount of Each Receipt this Period 100.00  
 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) EVP, CAO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-25**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 16 OF 125
	<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. 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 ▼ 900.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-66**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Bourque, Diane, , ,**  
 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,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-133**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Brauer, 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-220**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 125
	<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. Brooks, Elizabeth, , ,**  
 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) Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt **06 / 09 / 2017**  
**Transaction ID : 2017070711584-279**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Brooks, Elizabeth, , ,**  
 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) Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt **06 / 23 / 2017**  
**Transaction ID : 2017070711584-278**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. 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 ▼ 1200.00

Date of Receipt **06 / 12 / 2017**  
**Transaction ID : 2017070711584-52**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 125
	<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. Brown, 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) VP,Rx Ops Shared Svc LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.06

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-147**  
 Amount of Each Receipt this Period 50.01  
 Memo Item

**B. Buckless, 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 Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-91**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 900.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-67**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.01
<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 125
	<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. Burns, Frederick, , ,**  
 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) Director,Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-253**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Burns, Frederick, , ,**  
 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) Director,Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-252**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Byron, Cheryl, , ,**  
 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) Director,Strategic Accounts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-386**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 20 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Byron, Cheryl, , ,**  
 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) Director, Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-385**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-51**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. 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) SVP, Field Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-65**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<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 21 OF 125  
(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. Cassin, Gregory, , ,**  
 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-108**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-50**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Celebre, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5185 S 9th St  
 City Milwaukee State WI Zip Code 53221-3627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Account Executive,LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-178**  
 Amount of Each Receipt this Period  
 43.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 326.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 125
	<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. Chernick, Andrew, , ,**  
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) Director,Marketing
-------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-198**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. 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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-24**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Christensen, Keith, , ,**  
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) VP, Shared Services
-------------------------------------------------	----------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-132**

Amount of Each Receipt this Period  
62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Church, Lara, , ,**  
 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 Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-164**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 750.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-77**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Cleveland, Colleen, , ,**  
 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 Proposals & Client Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-93**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<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 24 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Coleman, George, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017070711584-64</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) VPMM	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Colvin, Jeremy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017070711584-177</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.33
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Strategic Acct LTC	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.65	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cook, Bryan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017070711584-197</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor,Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<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 25 OF 125  
(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. Cox, Christopher, , ,**  
 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,Pharmacy Growth & Insght  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-58**  
 Amount of Each Receipt this Period 166.66  
 Memo Item

**B. Crisafulli, Christopher, , ,**  
 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) Sr Director,Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-137**  
 Amount of Each Receipt this Period 62.49  
 Memo Item

**C. Crisp, Florence, , ,**  
 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,Legal Ent Litigation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-74**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 354.15  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 125  
(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. Dakessian, Dikran, , ,**  
 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,Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-131**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Dasmahapatra, Amita, , ,**  
 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,Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-276**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Dasmahapatra, Amita, , ,**  
 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,Medical Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-275**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.20  
**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 27 OF 125
	<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. Davis, Thomas, , ,**  
 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, Pharmacy Professional Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-219**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. De Nale, Carol, , ,**  
 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 Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-23**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Demattia, Tanya, , ,**  
 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,Lic Fld Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-218**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 333.32  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 125
	<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 ▼  
900.00

Date of Receipt  
06 / 12 / 2017  
**Transaction ID : 2017070711584-70**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 1 Great Valley Blvd

City Wilkes Barre State PA Zip Code 18706-5324

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director, PBM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.05

Date of Receipt  
06 / 09 / 2017  
**Transaction ID : 2017070711584-274**

Amount of Each Receipt this Period  
28.85

Memo Item

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

Mailing Address 1 Great Valley Blvd

City Wilkes Barre State PA Zip Code 18706-5324

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Director, PBM

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.05

Date of Receipt  
06 / 23 / 2017  
**Transaction ID : 2017070711584-273**

Amount of Each Receipt this Period  
28.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 125
	<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. Denton, 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) EVP & CFO, CVS Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-36**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item

**B. Devaney, Edward, , ,**  
 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,Aetna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-272**  
 Amount of Each Receipt this Period  
 28.85  
 Memo Item

**C. Devaney, Edward, , ,**  
 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,Aetna  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-271**  
 Amount of Each Receipt this Period  
 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 125
	<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. Devlin, Heidi, , ,**  
 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, Advertising  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-90**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dixon, Amanda, , ,**  
 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) Pharmacy Supv,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-196**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. 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 ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-113**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 31 OF 125
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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 ▼  
1040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : 2017070711584-112**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Dixon, Meredith, , ,**  
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) Assoc Chief Nurse,MC
-------------------------------------------------	-----------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-217**

Amount of Each Receipt this Period  
41.66

Memo Item

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

Mailing Address 1920 Enterprise Pkwy

City Twinsburg	State OH	Zip Code 44087-2208
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Pharmacy Supv,Fld Mgmt
-------------------------------------------------	-------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-195**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.33
<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 32 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Driscoll, Michele, , ,**  
 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 Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-162**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dwyer, Diane, , ,**  
 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 Consultant,Fld Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-194**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Eaton, Shawn, , ,**  
 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-107**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<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 33 OF 125
	<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. Eckman, Derek, , ,**  
 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) Director,Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-121**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**B. Edge, Shelly, , ,**  
 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-106**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Egan, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11933 NE Glenn Widing Dr  
 City Portland State OR Zip Code 97220-9099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) General Manager,Ops LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-176**  
 Amount of Each Receipt this Period  
 43.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.66
<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 34 OF 125  
(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. Engstrom, Patricia, , ,**  
 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) Sr Advisor,Project Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-411**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**B. Engstrom, Patricia, , ,**  
 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) Sr Advisor,Project Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-410**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**C. 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 ▼ 1200.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-37**  
 Amount of Each Receipt this Period  
 200.01  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 238.47  
**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 35 OF 125
	<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. Evans, Rebecca, , ,**  
 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, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-130**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. 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 ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-22**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Farrar, 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) Director, Talent Acquisition  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-216**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 36 OF 125  
(check only one)

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

**A. Farrell, Neva, , ,**  
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) Director,Strategic Prod Mgmt
-------------------------------------------------	-------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-193**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Faudskar II, Arvid, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4121 E Cotton Center Blvd

City Phoenix	State AZ	Zip Code 85040-8849
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

**Transaction ID : 2017070711584-238**

Amount of Each Receipt this Period  
38.46

Memo Item

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

Mailing Address 4121 E Cotton Center Blvd

City Phoenix	State AZ	Zip Code 85040-8849
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : 2017070711584-237**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 125
	(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. Feczko, Lucia, , ,**  
 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) Sr Director,Rx Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-251**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. Feczko, Lucia, , ,**  
 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) Sr Director,Rx Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-250**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. Fields, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6935 Alamo Downs Pkwy  
 City San Antonio State TX Zip Code 78238-4519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-303**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<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 38 OF 125
	<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. Fields, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6935 Alamo Downs Pkwy  
 City San Antonio State TX Zip Code 78238-4519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-302**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Finch, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11162 Renner Blvd  
 City Lenexa State KS Zip Code 66219-9621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) GM Specialty Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-291**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. Finch, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11162 Renner Blvd  
 City Lenexa State KS Zip Code 66219-9621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) GM Specialty Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-290**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 39 OF 125  
(check only one)

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

**A. 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 ▼ **900.00**

Date of Receipt: **06 / 12 / 2017**  
**Transaction ID : 2017070711584-63**

Amount of Each Receipt this Period: **150.00**

Memo Item

**B. Fitzgerald, Christine, , ,**  
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 ▼ **375.00**

Date of Receipt: **06 / 12 / 2017**  
**Transaction ID : 2017070711584-129**

Amount of Each Receipt this Period: **62.50**

Memo Item

**C. 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 ▼ **1500.00**

Date of Receipt: **06 / 12 / 2017**  
**Transaction ID : 2017070711584-27**

Amount of Each Receipt this Period: **250.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>462.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼ 2499.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-6**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**B. Francis, Roger, , ,**  
 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 06 / 12 / 2017  
**Transaction ID : 2017070711584-161**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 649.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-80**  
 Amount of Each Receipt this Period 108.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	574.99
<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 41 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Gallo, 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) Division Head,Specialty PBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-342**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**B. Gallo, 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) Division Head,Specialty PBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-341**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**C. Galo, Diane, , ,**  
 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) Group Head, Employer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-202**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.33
<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 42 OF 125
	<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. Garmon, Christy, , ,**  
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) Pharmacy Supv,Fld Mgmt
-------------------------------------------------	-------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-192**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Gibbons, Thomas, , ,**  
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 Third Party Reimbursement
-------------------------------------------------	--------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-175**

Amount of Each Receipt this Period  
43.33

Memo Item

**C. Gierat, Jack, , ,**  
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) Director,Strategic Accounts IC
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-382**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 43 OF 125  
(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. Gierat, Jack, , ,**  
 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) Director,Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-381**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Gierwielanec, Gregory, , ,**  
 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 FP&A Mail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-380**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Gierwielanec, Gregory, , ,**  
 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 FP&A Mail  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-379**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. 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 ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2017

**Transaction ID : 2017070711584-32**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Godfrey, Thomas, , ,**  
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) Director,Sales Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2017

**Transaction ID : 2017070711584-378**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Godfrey, Thomas, , ,**  
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) Director,Sales Ops

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2017

**Transaction ID : 2017070711584-377**

Amount of Each Receipt this Period  
20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 45 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼  
2499.96

Date of Receipt  
06 / 12 / 2017  
**Transaction ID : 2017070711584-5**

Amount of Each Receipt this Period  
416.66

Memo Item

**B. Golden JR, Charles, , ,**  
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 Construction & Prop Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 12 / 2017  
**Transaction ID : 2017070711584-89**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Grambley, William, , ,**  
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 Managed Medicaid

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
06 / 12 / 2017  
**Transaction ID : 2017070711584-135**

Amount of Each Receipt this Period  
62.50

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 579.16

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

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

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

FOR LINE NUMBER: PAGE 46 OF 125  
(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. Greer, 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) Director,FLD Loss Prevention  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-191**  
 Amount of Each Receipt this Period  
 41.67  
 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-21**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Grosvenor, Katheryn, , ,**  
 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 Sales Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-409**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 Sales Ops
-------------------------------------------------	---------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : 2017070711584-408**

Amount of Each Receipt this Period  
19.23

Memo Item

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

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) VP Product Development
-------------------------------------------------	-------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-55**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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 ▼  
749.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-141**

Amount of Each Receipt this Period  
57.69

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 48 OF 125  
(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. 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 ▼ 749.97

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-140**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

**B. Haas JR, 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-105**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Hammond, Jeffrey, , ,**  
 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-215**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 182.68  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 49 OF 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Harris, Terry, , ,**  
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) District Director,Ops LTC
-------------------------------------------------	----------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
433.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-98**

Amount of Each Receipt this Period  
86.67

Memo Item

**B. Hassell-Latham, Diane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 283 SW Baya Dr

City Lake City	State FL	Zip Code 32025-5227
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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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

**Transaction ID : 2017070711584-376**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 283 SW Baya Dr

City Lake City	State FL	Zip Code 32025-5227
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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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : 2017070711584-375**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Hatfield, Randall, , ,**  
 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 Advisor,HR Bus Partner Fld  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-214**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Haught, Stephen, , ,**  
 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 Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-300**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Haught, Stephen, , ,**  
 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 Account Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-299**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 91.66  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 51 OF 125  
(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. Hawxhurst, Laura, , ,**  
 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) Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-236**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hawxhurst, Laura, , ,**  
 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) Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-235**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Heidenthal, 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) VP Pharmacy Merchandising  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-88**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-68**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Herring, Courtney, , ,**  
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 Advisor, Government Affairs
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
374.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

**Transaction ID : 2017070711584-289**

Amount of Each Receipt this Period  
28.84

Memo Item

**C. Herring, Courtney, , ,**  
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 Advisor, Government Affairs
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
374.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : 2017070711584-288**

Amount of Each Receipt this Period  
28.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 53 OF 125  
(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. Hildebrandt, Jane, , ,**  
 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) Director,Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-405**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**B. Hildebrandt, Jane, , ,**  
 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) Director,Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-404**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**C. Hoffman, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Huntington Ave  
 City Boston State MA Zip Code 02116-5749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, PBM Digital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-249**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-49**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Horn, Peter, , ,**  
 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) Sr Advisor, Implementations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-373**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Horne, Allen, , ,**  
 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, Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-160**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Horne, Allen, , ,**  
 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, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-159**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Hoyceanyls, John, , ,**  
 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 Construction & Prop Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-87**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Hu, Min, , ,**  
 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 Enterprise Innovation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-403**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.23
<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 56 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A. Hu, Min, , ,**  
 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 Enterprise Innovation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-402**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**B. Husain, Syed, , ,**  
 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 Corp Acq  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-104**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. Jackson, Jeffrey, , ,**  
 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) Sr Director,Medicare ClientOps  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-228**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.56
<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: PAGE 57 OF 125  
(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. Jackson, Jeffrey, , ,**  
 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) Sr Director, Medicare ClientOps  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-227**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Jamesmeyer, Ronda, , ,**  
 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) Director, Eligibility Ops  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-370**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Jamesmeyer, Ronda, , ,**  
 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) Director, Eligibility Ops  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-369**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Jodice, Candace, , ,**  
 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,HR Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-128**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

**B. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-62**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. 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 ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-8**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	629.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 125  
(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. Jusko, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Cvs Dr  
 City Ennis State TX Zip Code 75119-7810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-190**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-73**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-20**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 125  
(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. 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 ▼ 500.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-189**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Kingman, Adriane, , ,**  
 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,Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-401**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Kingman, Adriane, , ,**  
 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,Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-400**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.13  
**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 61 OF 125
	<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. Klem, Susan, , ,**  
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) Director,Clinical Services LTC
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-174**

Amount of Each Receipt this Period  
43.33

Memo Item

**B. Kline, Daniel, , ,**  
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) Director,Pharmacy Ops
-------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-368**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Kline, Daniel, , ,**  
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) Director,Pharmacy Ops
-------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : 2017070711584-367**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.33
<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 62 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 1249.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-35**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Koelsch, Jeffrey, , ,**  
 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) Group Head,FEP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-270**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Koelsch, Jeffrey, , ,**  
 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) Group Head,FEP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-269**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kolady, Emmanuel, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017 <b>Transaction ID : 2017070711584-158</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 50.00
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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kraft, Rocky, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017 <b>Transaction ID : 2017070711584-4</b>
Mailing Address 900 Omnicare Center 201 E 4Th St		Amount of Each Receipt this Period 416.66
City Cincinnati	State OH	Zip Code 45202
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 ▼ 2499.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kunz, Steven, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2017 <b>Transaction ID : 2017070711584-248</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 35.00
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) Director,Strategic Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.66
<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 64 OF 125
	<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. Kunz, Steven, , ,**  
 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) Director,Strategic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-247**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Lavin, John, , ,**  
 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 Network Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-75**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Leonard, Donald, , ,**  
 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 ▼ 250.02

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-188**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 125
	<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. Leonard, Matthew, , ,**  
 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,Pharma,Ret&LTC Cont Rx Pur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-19**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Lewis, Tammy, , ,**  
 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 Chief Marketing Officer CMK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-95**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Lindas, Jason, , ,**  
 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) Sr Director,Enteral Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-365**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<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 66 OF 125  
(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. Lindas, Jason, , ,**  
 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) Sr Director,Enteral Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-364**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 ▼ 1080.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-56**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

**C. 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 ▼ 750.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-76**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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 67 OF 125
	<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. Lohmeyer, Jason, , ,**  
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) Exec Advisor, Specialty Strateg
-------------------------------------------------	----------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-363**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Lohmeyer, Jason, , ,**  
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) Exec Advisor, Specialty Strateg
-------------------------------------------------	----------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : 2017070711584-362**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 40 Twosome Dr

City Moorestown	State NJ	Zip Code 08057-1369
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director, Quality LTC
-------------------------------------------------	---------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-173**

Amount of Each Receipt this Period  
43.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.33
<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 68 OF 125
	<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. 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 ▼ 2499.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-9**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**B. Mackey, Andre, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 Avenue PI Ste B-100  
 City Atlanta State GA Zip Code 30329-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-361**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Mackey, Andre, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 Avenue PI Ste B-100  
 City Atlanta State GA Zip Code 30329-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-360**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	456.66
<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 69 OF 125
	<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. 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 ▼ 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-143**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**B. 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 ▼ 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-142**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**C. Manning, 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) Group Head, Employer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-241**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 125  
(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. Marcello, 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 Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-111**  
 Amount of Each Receipt this Period  
 80.00  
 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 ▼ 1000.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-57**  
 Amount of Each Receipt this Period  
 166.83  
 Memo Item

**C. Marshall, 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-226**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 286.83  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 125
	<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. Maryanski, Thomas, , ,**  
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 Customer Care
-------------------------------------------------	-------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-399**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Maryanski, Thomas, , ,**  
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 Customer Care
-------------------------------------------------	-------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : 2017070711584-398**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Matlin, Olga, , ,**  
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) Sr Director,Analytics
-------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
374.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-287**

Amount of Each Receipt this Period  
28.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 72 OF 125  
(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. Matlin, Olga, , ,**  
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) Sr Director,Analytics  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.92

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-286**  
Amount of Each Receipt this Period 28.84  
 Memo Item

**B. McDonnell, Kimberly, , ,**  
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,Gov't Svcs & Reg Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 492.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-110**  
Amount of Each Receipt this Period 82.00  
 Memo Item

**C. McElfresh, 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) Region Manager,Fld Mgmt  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-157**  
Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.84
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 125
	<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. McEnany, 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) VPMM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-86**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-48**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. 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 ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-18**  
 Amount of Each Receipt this Period 250.00  
 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 74 OF 125
	<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. Medina, Cristina, , ,**  
 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 Advisor,Prof&College Relate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-213**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Meek, Todd, , ,**  
 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 Med D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-242**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Meier, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 SW Wilshire Blvd  
 City Burleson State TX Zip Code 76028-5705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 299.91

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-313**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.19  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 125
	(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. Meier, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 SW Wilshire Blvd  
 City Burleson State TX Zip Code 76028-5705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 299.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-312**  
 Amount of Each Receipt this Period 23.07  
 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 ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-3**  
 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 ▼ 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-139**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	497.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 76 OF 125  
(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. 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 ▼ 749.97

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-138**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

**B. Moffatt, Thomas, , ,**  
 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 ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-85**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Monaco, Nicholas, , ,**  
 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) Sr Director,Program Management  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-212**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 199.35  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 77 OF 125  
(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. Moore, Everett, , ,**  
 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 ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-103**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. 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 ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-2**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**C. Murphy, John, , ,**  
 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 Managed Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-84**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 599.99  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Murphy, 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 ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-29**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 810.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-71**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**C. Nalaboff, Philip, , ,**  
 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,PBM Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-109**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	468.33
<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 79 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Navagamuwa, Roshan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 2211 Sanders Rd		<b>Transaction ID : 2017070711584-54</b>
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP,Client Services	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. O'Rourke, Joan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 2211 Sanders Rd		<b>Transaction ID : 2017070711584-59</b>
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.66
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Sales & Benefit Verf	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Oestreicher, Charles, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2017070711584-203</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Benefit Services	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.02	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 125
	<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. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-47**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Pal, Pushpendu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 E Lake Cook Rd  
 City Buffalo Grove State IL Zip Code 60089-1999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP PBM IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-69**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Palmieri, Anthony, , ,**  
 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 Clinical  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-234**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	388.46
<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 81 OF 125  
(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. Palmieri, Anthony, , ,**  
 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 Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-233**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Palombi, 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 Comm Officer CVS Hea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-17**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Parker, Daniel, , ,**  
 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 Brand Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-268**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 317.31  
**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 82 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Parker, Daniel, , ,**  
 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 Brand Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-267**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Patterson, Angela, , ,**  
 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 Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-61**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. 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 ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-46**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-34**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Phenix, Leo, , ,**  
 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,Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-396**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**C. Phenix, Leo, , ,**  
 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,Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-395**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.46
<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 84 OF 125  
(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. 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 ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-11**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**B. Pill, Grant, , ,**  
 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 Omni Channel Digit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-83**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Plymale, Kenneth, , ,**  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-156**  
 Amount of Each Receipt this Period  
 50.00  
 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: PAGE 85 OF 125  
(check only one)

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

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

Mailing Address 2215 Sanders Rd  
Ste 500

City Northbrook State IL Zip Code 60062-6136

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Client Srvcs Sup

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 09 / 2017  
**Transaction ID : 2017070711584-357**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 2215 Sanders Rd  
Ste 500

City Northbrook State IL Zip Code 60062-6136

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor, Client Srvcs Sup

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 23 / 2017  
**Transaction ID : 2017070711584-356**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. 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 ▼  
1500.00

Date of Receipt  
06 / 12 / 2017  
**Transaction ID : 2017070711584-16**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 125  
(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. Powers, Jennifer, , ,**  
 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) Pharmacy Supv,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.02

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-97**  
 Amount of Each Receipt this Period 86.67  
 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 ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-31**  
 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 ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-45**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 125
	<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. Purdy, 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) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-102**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Raman, Jeffrey, , ,**  
 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 ▼ 499.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-101**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Rill, Stephen, , ,**  
 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) Director,Strategic Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-246**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.66
<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 88 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Rill, Stephen, , ,**  
 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) Director, Strategic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-245**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Rinkacs, John, , ,**  
 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, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-127**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. 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 ▼ 557.67

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-232**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.96  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 89 OF 125  
(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. 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 ▼ 557.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-231**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**B. Roberts, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Omnicare Ctr  
 City Cincinnati State OH Zip Code 45202-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sales Manager,LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-172**  
 Amount of Each Receipt this Period  
 43.33  
 Memo Item

**C. 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) EVP, COO CVSH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-1**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 498.45  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 90 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Robitaille, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs 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) Director,Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-331**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Robitaille, Ellen, , ,**  
 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) Director,Strategic Accounts IC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-330**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Rudell, Jennifer, , ,**  
 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) Pharmacy Supv,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-187**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 83.67  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 91 OF 125  
(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. 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  
 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-15**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Sarocka, Michael, , ,**  
 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) Sr Professional,Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-298**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Sarocka, Michael, , ,**  
 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) Sr Professional,Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-297**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 92 OF 125  
(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. Satre, Mark, , ,**  
 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 Sales Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-167**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Satre, Mark, , ,**  
 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 Sales Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-166**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**c. Schleigh JR, Thomas, , , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10650 W Airport Blvd  
 City Stafford State TX Zip Code 77477-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Operations LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 433.35

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-96**  
 Amount of Each Receipt this Period 86.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.97  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 125
	<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. Schmidt, 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) Region Manager,Fld Mgmt
-------------------------------------------------	--------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-100**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Schulman, Melissa, , ,**  
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 Govnmt Relations CVS Healt
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-10**

Amount of Each Receipt this Period  
416.66

Memo Item

**C. Schwartzbach, Jack, , ,**  
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) Region Manager,Fld Mgmt
-------------------------------------------------	--------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-225**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	539.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 94 OF 125  
(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. Sciarra, Gregory, , ,**  
 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,Internal Operations LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-44**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Scozzari, 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) District Manager,Lic Fld Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-211**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Segal, Bernard, , ,**  
 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,IT Retail Systems  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-126**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 304.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 125
	<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. Sendewicz, Robert, , ,**  
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) Sr Director,IT PBM Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 09 / 2017  
Transaction ID : 2017070711584-155

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Sendewicz, Robert, , ,**  
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) Sr Director,IT PBM Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 23 / 2017  
Transaction ID : 2017070711584-154

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Serby, Gary, , ,**  
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,Communications

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
06 / 12 / 2017  
Transaction ID : 2017070711584-186

Amount of Each Receipt this Period  
41.67

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 141.67

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

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

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

FOR LINE NUMBER: PAGE 96 OF 125  
(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. 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 ▼ 1014.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-115**  
 Amount of Each Receipt this Period 78.00  
 Memo Item

**B. 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 ▼ 1014.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-114**  
 Amount of Each Receipt this Period 78.00  
 Memo Item

**C. 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 ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-28**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	406.00
<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 97 OF 125  
(check only one)

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

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

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,Strategic Specialty Ops
-------------------------------------------------	-----------------------------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-136**

Amount of Each Receipt this Period  
62.50

Memo Item

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

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 Clinical Services
-------------------------------------------------	-----------------------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

**Transaction ID : 2017070711584-266**

Amount of Each Receipt this Period  
28.85

Memo Item

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

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 Clinical Services
-------------------------------------------------	-----------------------------------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : 2017070711584-265**

Amount of Each Receipt this Period  
28.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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, Medicare D Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2017  
**Transaction ID : 2017070711584-165**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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 ▼  
704.21

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2017  
**Transaction ID : 2017070711584-146**

Amount of Each Receipt this Period  
54.17

Memo Item

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

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 ▼  
704.21

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2017  
**Transaction ID : 2017070711584-145**

Amount of Each Receipt this Period  
54.17

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 158.34

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

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

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

FOR LINE NUMBER: PAGE 99 OF 125  
(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. Simmons, Peter, , ,**  
 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 ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-82**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 1250.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-72**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Smith, Tracy, , ,**  
 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, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-81**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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 100 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Southwell, Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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 Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-118**  
 Amount of Each Receipt this Period 77.00  
 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 ▼ 1001.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-117**  
 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 ▼ 1001.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-116**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	231.00
<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 101 OF 125  
(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. Stenta, Jason, , ,**  
 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 ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-185**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Stenta, Jason, , ,**  
 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 ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-184**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Stivender, Paul, , ,**  
 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 Facilities  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 649.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-79**  
 Amount of Each Receipt this Period  
 108.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 191.67  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 125
	<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. Stowell, Randal, , ,**  
 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) Sr Director,HR Bus Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-125**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Stutz, Shereen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Mall Blvd  
 City Monroeville State PA Zip Code 15146-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Program Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-284**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. Stutz, Shereen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Mall Blvd  
 City Monroeville State PA Zip Code 15146-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Program Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-283**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Talbott, Theresa, , ,**  
 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 Advisor, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-230**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**B. Talbott, Theresa, , ,**  
 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 Advisor, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-229**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**C. Talke, Dixi, , ,**  
 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 Advisor, Logs Supply Trans  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-153**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 104 OF 125  
(check only one)

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

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

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) Sr Director,HR Bus Partner
-------------------------------------------------	-----------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-264**

Amount of Each Receipt this Period  
28.85

Memo Item

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

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) Director,Strategic Accnts LTC
-------------------------------------------------	--------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-171**

Amount of Each Receipt this Period  
43.33

Memo Item

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

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : 2017070711584-43**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	272.18
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 125		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Thompson, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs 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) Advisor,Analytic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-355**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Thompson, 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) Advisor,Analytic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-354**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-14**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<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 106 OF 125
	<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. Tobin, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16597 Interstate 45 S  
 City Conroe State TX Zip Code 77385-3401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Sr Advisor,HR Bus Partner Fld  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-210**  
 Amount of Each Receipt this Period 41.66  
 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 ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-42**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Tucker, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 W 12th St  
 City Dover State OH Zip Code 44622-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) General Manager,Ops LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.85

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-144**  
 Amount of Each Receipt this Period 54.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.83
<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 107 OF 125
	<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. Tworek, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 N Broad St  
 City Globe State AZ Zip Code 85501-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-353**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Tworek, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 N Broad St  
 City Globe State AZ Zip Code 85501-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-352**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Ulrey, Alisa, , ,**  
 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 ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-209**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.66
<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 108 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-60**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-41**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Vandersall, Susan, , ,**  
 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 ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-124**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 125
	<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. Vaudry, 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) Director,Rx Prof Practice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-224**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Vij, Munish, , ,**  
 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) Director,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 09 / 2017  
**Transaction ID : 2017070711584-263**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Vij, Munish, , ,**  
 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) Director,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-262**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 125
	<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. Violanti, Grant, , ,**  
 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,Strategy & Bus De  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-183**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Vipond, Jeff, , ,**  
 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) Region Manager,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-208**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Virdee, Amritpal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 909 Grand Ave  
 City San Rafael State CA Zip Code 94901-3505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) CA Staff Pharmacist FT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-182**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 111 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Virdee, Amritpal, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2017 <b>Transaction ID : 2017070711584-181</b>
Mailing Address 909 Grand Ave		Amount of Each Receipt this Period 41.67
City San Rafael	State CA	Zip Code 94901-3505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) CA Staff Pharmacist FT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Walker, Ann, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2017 <b>Transaction ID : 2017070711584-282</b>
Mailing Address 1275 Pennsylvania Ave NW Ste 700		Amount of Each Receipt this Period 28.84
City Washington	State DC	Zip Code 20004-2448
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Exec Advisor, Gov't Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.92	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Walker, Ann, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2017 <b>Transaction ID : 2017070711584-281</b>
Mailing Address 1275 Pennsylvania Ave NW Ste 700		Amount of Each Receipt this Period 28.84
City Washington	State DC	Zip Code 20004-2448
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Exec Advisor, Gov't Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 374.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.35
<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 112 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 6950 Alamo Downs Pkwy  
Ste 110

City San Antonio State TX Zip Code 78238-4502

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Customer Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  
06 / 09 / 2017  
**Transaction ID : 2017070711584-244**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 6950 Alamo Downs Pkwy  
Ste 110

City San Antonio State TX Zip Code 78238-4502

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

Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Customer Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  
06 / 23 / 2017  
**Transaction ID : 2017070711584-243**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. Warren, Timothy, , ,**  
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) Region Manager, Fld Mgmt

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  
06 / 12 / 2017  
**Transaction ID : 2017070711584-207**

Amount of Each Receipt this Period  
41.66

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 111.66

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



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

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

FOR LINE NUMBER: PAGE 113 OF 125  
(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. 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 ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-33**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Whalen, Brian, , ,**  
 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,Rx Merchandising  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-99**  
 Amount of Each Receipt this Period 83.33  
 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 ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-40**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	533.33
<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 114 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Williams, 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 ▼ 1200.00

Date of Receipt **06 / 12 / 2017**  
**Transaction ID : 2017070711584-39**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Williams, Sabrina, , ,**  
 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 Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 09 / 2017**  
**Transaction ID : 2017070711584-152**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Williams, Sabrina, , ,**  
 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 Account Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 23 / 2017**  
**Transaction ID : 2017070711584-151**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 115 OF 125
	<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. Wilson, Christopher, , ,**  
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 Market Intelligence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 09 / 2017  
Transaction ID : 2017070711584-150

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Wilson, Christopher, , ,**  
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 Market Intelligence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 23 / 2017  
Transaction ID : 2017070711584-149

Amount of Each Receipt this Period  
50.00

Memo Item

**C. 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 ▼  
720.00

Date of Receipt  
06 / 12 / 2017  
Transaction ID : 2017070711584-78

Amount of Each Receipt this Period  
120.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

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

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

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

FOR LINE NUMBER: PAGE 116 OF 125  
(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. Woehrmann, Erik, , ,**  
 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) Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : 2017070711584-123**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

**B. Woehrmann, Erik, , ,**  
 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) Exec Advisor, Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : 2017070711584-122**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

**C. Wolfram, Janine, , ,**  
 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) Reg Project Manager, Ops LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : 2017070711584-170**  
 Amount of Each Receipt this Period  
 43.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 168.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 125
	<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. Wood, 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 Dir,Account Mgmt LTC
-------------------------------------------------	--------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-169**

Amount of Each Receipt this Period  
43.33

Memo Item

**B. Wright JR., Clifford, , ,**  
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) Pharmacy Supv,Fld Mgmt
-------------------------------------------------	-------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : 2017070711584-180**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Yates, William, , ,**  
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 Advisor Rx Clinical Service
-------------------------------------------------	---------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : 2017070711584-256**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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 118 OF 125  
(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. Yates, William, , ,**  
 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 Advisor Rx Clinical Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 2017070711584-255**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 1200.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-38**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Zevzavadjian, John, , ,**  
 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 Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : 2017070711584-148**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	29799.47

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Ben Cardin For Senate, Inc.**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2017

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

FEC Identification Number

**C** C00411587

Purpose of Disbursement  
2018 Primary

**011**  
Category/  
Type

**Transaction ID : 1C0597A31B!**  
Amount of Each Disbursement this Period

1000.00

Candidate Name  
**Cardin, Benjamin, L., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MD District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Connolly For Congress**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2017

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

FEC Identification Number

**C** C00445452

Purpose of Disbursement  
2018 Primary

**011**  
Category/  
Type

**Transaction ID : 050CB4C677C**  
Amount of Each Disbursement this Period

1000.00

Candidate Name  
**Connolly, Gerald, E., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VA District: 11

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democrats Reshaping America (DREAMPAC)**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2017

Mailing Address 410 1 St, SE  
Suite 310

City Washington State DC Zip Code 20003

FEC Identification Number

**C** C00423079

Purpose of Disbursement  
2017 Contribution

**011**  
Category/  
Type

**Transaction ID : F2677C4386;**  
Amount of Each Disbursement this Period

1000.00

Candidate Name  
**Democrats Reshaping America (DREAMPAC)**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: District: Contribution

Memo Item

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

3000.00

**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. Friends Of Raja For Congress**

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement 2018 Primary

Candidate Name **Krishnamoorthi, S. Raja, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 08

Date of Disbursement: 06 / 15 / 2017

FEC Identification Number: **C00575092**  
Transaction ID : **DDC6E672C0**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Friends Of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement 2018 Primary

Candidate Name **Brown, Sherrod, Campbell, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District:

Date of Disbursement: 06 / 15 / 2017

FEC Identification Number: **C00264697**  
Transaction ID : **7A12480DEA**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement 2018 Primary

Candidate Name **Isakson, Johnny, H., ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement: 06 / 15 / 2017

FEC Identification Number: **C00384693**  
Transaction ID : **6353699DF61**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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. Hoyer's Majority Fund</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address 700 13Th Street NW Suite 600		FEC Identification Number C [REDACTED] <b>Transaction ID : 4524F007DA</b> Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement 2017 Contribution		Category/ Type 011
Candidate Name <b>Hoyer's Majority Fund</b>		Memo Item <input type="checkbox"/>
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) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LOBO PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address PO Box 492		FEC Identification Number C C00497073 <b>Transaction ID : 172EDE8D5E</b> Amount of Each Disbursement this Period 1000.00
City Albuquerque	State NM	Zip Code 87103
Purpose of Disbursement 2017 Contribution		Category/ Type 011
Candidate Name <b>LOBO PAC</b>		Memo Item <input type="checkbox"/>
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) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lone Star Leadership PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address PO Box 30844		FEC Identification Number C C00415208 <b>Transaction ID : 20532EB630</b> Amount of Each Disbursement this Period 1000.00
City Bethesda	State MD	Zip Code 20824-0844
Purpose of Disbursement 2017 Contribution		Category/ Type 011
Candidate Name <b>Lone Star Leadership PAC</b>		Memo Item <input type="checkbox"/>
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) <input type="checkbox"/> Contribution	
State: District:		

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

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

7000.00
[REDACTED]

**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. Matsui For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017
Mailing Address PO Box 1738		FEC Identification Number C 000409219 <b>Transaction ID : F19B43364EI</b> Amount of Each Disbursement this Period 1000.00
City Sacramento	State CA	Zip Code 95812
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name <b>Matsui, Doris, O., ,</b>		Memo Item <input type="checkbox"/>
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: CA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. McCaskill For Missouri</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017
Mailing Address PO Box 300077		FEC Identification Number C 000431304 <b>Transaction ID : 8B1DD7D93A</b> Amount of Each Disbursement this Period 2500.00
City St Louis	State MO	Zip Code 63130
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name <b>McCaskill, Claire, Conner, ,</b>		Memo Item <input type="checkbox"/>
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: MO	District:	

Full Name (Last, First, Middle Initial) <b>C. McConnell For Majority Leader Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C <b>Transaction ID : 0E6FA71F9A</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2017 Contribution		011 Category/ Type
Candidate Name <b>McConnell For Majority Leader Committee</b>		Memo Item <input type="checkbox"/>
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:	

**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**

**A. Nancy Pelosi For Congress**

Full Name (Last, First, Middle Initial)  
Nancy Pelosi

Date of Disbursement: 06 / 15 / 2017

Mailing Address: 700 13Th Street, NW, Suite 600  
City: Washington, State: DC, Zip Code: 20005

Purpose of Disbursement: 2018 Primary  
Candidate Name: Pelosi, Nancy, , ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2018  
 Primary,  General,  Other (specify)  Memo Item

State: CA District: 12

FEC Identification Number: C00213512  
Transaction ID: 2A7AFF0D36  
Amount of Each Disbursement this Period: 1000.00

**B. Paul Tonko For Congress**

Full Name (Last, First, Middle Initial)  
Paul Tonko

Date of Disbursement: 06 / 15 / 2017

Mailing Address: 911 Central Avenue # 221  
City: Albany, State: NY, Zip Code: 12206

Purpose of Disbursement: 2018 Primary  
Candidate Name: Tonko, Paul, David, ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2018  
 Primary,  General,  Other (specify)  Memo Item

State: NY District: 20

FEC Identification Number: C00450049  
Transaction ID: A73ED564DC  
Amount of Each Disbursement this Period: 1000.00

**C. Stabenow For US Senate**

Full Name (Last, First, Middle Initial)  
Deborah Stabenow

Date of Disbursement: 06 / 15 / 2017

Mailing Address: P.O. Box 4945  
City: East Lansing, State: MI, Zip Code: 48826

Purpose of Disbursement: 2018 General  
Candidate Name: Stabenow, Deborah, , ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2018  
 Primary,  General,  Other (specify)  Memo Item

State: MI District:

FEC Identification Number: C00344473  
Transaction ID: 362321D6E9  
Amount of Each Disbursement this Period: 1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... 3000.00

**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. Trump Victory**

Full Name (Last, First, Middle Initial)

Mailing Address C/O Red Curve Solutions  
138 Conant Street, 2Nd Floor

City Beverly State MA Zip Code 01915

Purpose of Disbursement 2017 Contribution

Candidate Name **Trump Victory**

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 06 / 22 / 2017

FEC Identification Number **C**

**Transaction ID : 50F557AEA8:**  
Amount of Each Disbursement this Period 35000.00

Memo Item

**B. Walberg For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement 2018 Primary

Candidate Name **Walberg, Timothy, L., ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: MI District: 07

Date of Disbursement 06 / 15 / 2017

FEC Identification Number **C** C00390724

**Transaction ID : 9710F52308E:**  
Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Walker 4 NC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 99247

City Raleigh State NC Zip Code 27624

Purpose of Disbursement 2018 Primary

Candidate Name **Walker, Bradley, Mark, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: NC District: 06

Date of Disbursement 06 / 29 / 2017

FEC Identification Number **C** C00543231

**Transaction ID : C9A6D063E9**  
Amount of Each Disbursement this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37000.00
<b>TOTAL</b> This Period (last page this line number only).....	61500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Committee to Elect a Republican Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2741

City Madison State WI Zip Code 53701

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2017

FEC Identification Number: C [ ]  
Transaction ID : 9AE268A931/  
Amount of Each Disbursement this Period: [ ] 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ [ ] 1000.00

**TOTAL** This Period (last page this line number only).....▶ [ ] 1000.00