

# 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  
Washington DC 20004  
 Check if different than previously reported. (ACC)

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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Penberthy, Shannon, , , [Electronically Filed] Date 10 / 18 / 2018

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="2018"/>		154412.34
(b) Cash on Hand at Beginning of Reporting Period.....	140463.83	
(c) Total Receipts (from Line 19) .....	34732.67	322300.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	175196.50	476713.16
7. Total Disbursements (from Line 31).....	86409.95	387926.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	88786.55	88786.55
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CVS Health PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29310.53	225833.80
(ii) Unitemized .....	2922.14	79386.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32232.67	305220.43
(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) .....	32232.67	305220.43
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	9580.39
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)).....▶	34732.67	322300.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34732.67	322300.82

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9.95	159.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9.95	159.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	245500.00
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	866.66
(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	866.66
29. Other Disbursements (Including Non-Federal Donations).....	79400.00	141400.00
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)) ..	86409.95	387926.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86409.95	387926.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32232.67	305220.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	866.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32232.67	304353.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9.95	159.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9.95	159.95

**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 147  
(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. Accetta, Lucille, , ,**  
 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 Specialty Program Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-804**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Allen, 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, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-818**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Armstrong, Lora, , ,**  
 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, Stratgeic Formulary Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-639**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 438.46  
**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 7 OF 147
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Arnold, Kray, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018
Mailing Address 9501 E Shea Blvd		<b>Transaction ID : 2018100216135-629</b>
City Scottsdale	State AZ	Zip Code 85260-6719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Enterprise Systems	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Auger, Raymond, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-674</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) SVP,IT Retail Systems	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Awais, Jose, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-656</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director,Fld Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 374.94	

<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 147  
(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 ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-791**  
 Amount of Each Receipt this Period  
 150.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-710**  
 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 ▼ 3458.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-859**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 616.66  
**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 9 OF 147
	<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. Baker, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3495 7th Ave

City Marion State IA Zip Code 52302-3735

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 ▼ **791.73**

Date of Receipt **09 / 14 / 2018**

**Transaction ID : 2018100216135-697**

Amount of Each Receipt this Period **41.67**

Memo Item

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

Mailing Address 3495 7th Ave

City Marion State IA Zip Code 52302-3735

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 ▼ **791.73**

Date of Receipt **09 / 28 / 2018**

**Transaction ID : 2018100216135-698**

Amount of Each Receipt this Period **41.67**

Memo Item

**C. Barefoot, 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 Leader,Lic Fld Mgt

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **09 / 12 / 2018**

**Transaction ID : 2018100216135-578**

Amount of Each Receipt this Period **25.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **108.34**

**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 10 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. 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 ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-675**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Barney, Steven, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7001 N Scottsdale Rd  
 City Scottsdale State AZ Zip Code 85253-3658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Exec Advisor,RE Acquisitions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-736**  
 Amount of Each Receipt this Period 62.50  
 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-837**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 354.17  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 147
	<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. Barron, John, , ,</b>		Date of Receipt
Mailing Address 1700 Highland Corporate Dr		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Cumberland	State RI	Zip Code 02864-1799
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2018100216135-737</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="62.50"/>
Occupation (for Individual) VP, Digital Operations		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="562.50"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Basedow, Jeremy, , ,</b>		Date of Receipt
Mailing Address 1 Cvs Dr		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2018100216135-486</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) Division Head,Employer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="384.60"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Basedow, Jeremy, , ,</b>		Date of Receipt
Mailing Address 1 Cvs Dr		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2018"/>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2018100216135-501</b>
Name of Employer (for Individual) CVS Health		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) Division Head,Employer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="384.60"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="100.96"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 147
	<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. 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 ▼ 340.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-482**  
 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 ▼ 340.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-483**  
 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) Sr Director,Clinical Svcs LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 389.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-700**  
 Amount of Each Receipt this Period 43.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.33
<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 13 OF 147
	<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. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-463**  
 Amount of Each Receipt this Period 15.00  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-469**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Bell, Kurtis, , ,**  
 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 Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-579**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<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 14 OF 147
	<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. Berkowitz, Francis, , ,**  
 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 Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-657**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-805**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. 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 ▼ 3749.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-860**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	658.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 147
	<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. 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 ▼ 500.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-584**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. 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 ▼ 500.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-588**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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 ▼ 900.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-775**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 16 OF 147
	<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. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-842**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 1350.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-793**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. 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 ▼ 562.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-738**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 462.50  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 17 OF 147  
(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. 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 Director,Fld Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.94

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-658**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**B. Brookins, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1509 Radium Springs Rd  
 City Albany    State GA    Zip Code 31705-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health    Occupation (for Individual) Shift Supervisor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-450**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

**C. Brookins, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1509 Radium Springs Rd  
 City Albany    State GA    Zip Code 31705-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health    Occupation (for Individual) Shift Supervisor  
 Receipt For:  
 Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-452**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.66  
**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 18 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Brooks, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2018
Mailing Address 1275 Pennsylvania Ave NW Ste 700		<b>Transaction ID : 2018100216135-603</b>
City Washington	State DC	Zip Code 20004-2448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor, Govt 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 ▼ 577.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brooks, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2018
Mailing Address 1275 Pennsylvania Ave NW Ste 700		<b>Transaction ID : 2018100216135-613</b>
City Washington	State DC	Zip Code 20004-2448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor, Govt 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 ▼ 577.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Brooks, Robert, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2018
Mailing Address 400 Scenic View Dr		<b>Transaction ID : 2018100216135-794</b>
City Cumberland	State RI	Zip Code 02864-1784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Health System Alliances	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1050.00	

<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 19 OF 147
	<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. Brown, 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) District Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-580**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Brown, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-819**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Buchanan, Michele, , ,**  
 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, Legal Healthcare Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-711**  
 Amount of Each Receipt this Period 50.00  
 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: (check only one)	PAGE 20 OF 147
	<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. 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-524**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-538**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-820**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 21 OF 147
	<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. 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) Division Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1483.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

**Transaction ID : 2018100216135-800**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Caskey, Anthony, , ,**  
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,Corporate Ops LTC
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

**Transaction ID : 2018100216135-601**

Amount of Each Receipt this Period  
28.85

Memo Item

**C. 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 Director,Fld Mgmt
---	---

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
09	/	12	/	2018

**Transaction ID : 2018100216135-764**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	278.85
<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:	PAGE 22 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-821**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Chernick, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Highland St  
 City Woonsocket State RI Zip Code 02895-1834  
 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 ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-676**  
 Amount of Each Receipt this Period 41.67  
 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) SVP,HR Corporate Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-822**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.67
<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 23 OF 147
	<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. 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 ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-708**  
 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 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,Business Development BP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-799**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Clarke JR, Milton, , ,**  
 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 Leader,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-677**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 258.34  
**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: (check only one)	PAGE 24 OF 147
	<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. Cogdill, 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) District Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-712**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Coleman, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VPMM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-795**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Colvin, 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) Sr Dir, Strategic Accounts LTC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 389.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-701**  
 Amount of Each Receipt this Period 43.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	243.33
<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 25 OF 147
	<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. Cook, Bryan, , ,**  
 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 ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-678**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Cormier, Maureen, , ,**  
 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 Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-739**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. 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 ▼ 1499.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-798**  
 Amount of Each Receipt this Period 166.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.83
<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 26 OF 147
	<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. Crisafulli, 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) Sr Director,Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.41

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-731**  
 Amount of Each Receipt this Period 62.49  
 Memo Item

**B. 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 ▼ 1125.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-788**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. 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) Region Director Licisd,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-740**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<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 27 OF 147
	<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. Daniel, Roselin, , ,**  
 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 Government Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-599**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Darin, 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, Chief Analytics Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2625.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-849**  
 Amount of Each Receipt this Period 291.67  
 Memo Item

**C. Davenport, 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 Leader,Lic Fld Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-741**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 383.02  
**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 147
	<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. 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 ▼ 1041.66

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-789**  
 Amount of Each Receipt this Period 125.00  
 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 ▼ 2625.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-851**  
 Amount of Each Receipt this Period 291.67  
 Memo Item

**C. Deendar, Isfahan, , ,**  
 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 Director,Client Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-604**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 147
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Deendar, Isfahan, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2018 <b>Transaction ID : 2018100216135-614</b>
Mailing Address 750 W John Carpenter Fwy Ste 1200		Amount of Each Receipt this Period 28.85
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Client Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Demattia, Tanya, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2018 <b>Transaction ID : 2018100216135-659</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 41.66
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director,Fld Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dempsey, Donald, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2018 <b>Transaction ID : 2018100216135-806</b>
Mailing Address 1275 Pennsylvania Ave NW Ste 700		Amount of Each Receipt this Period 200.00
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) VP,Policy & Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dennis, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 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 ▼  
577.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-605**

Amount of Each Receipt this Period  
28.85

Memo Item

**B. Dennis, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
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 ▼  
577.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-615**

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 ▼  
577.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-606**

Amount of Each Receipt this Period  
28.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 147
	<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. 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 ▼ 577.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-616**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Dillow, Lester, , ,**  
 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 Leader,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.84

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-650**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. 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) District Leader,Lic Fld Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-679**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.52  
**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 32 OF 147
<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. 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 ▼ 1600.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-761**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. 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 ▼ 1600.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-762**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Dixon, Meredith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Scenic View  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Assoc Chief Nurse,MC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-660**  
 Amount of Each Receipt this Period 41.66  
 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 33 OF 147
	<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. 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 Growth  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-713**  
 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 ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-680**  
 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 Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-765**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 147
	<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. 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
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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 ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-754**

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director,Fld Mgmt
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-766**

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 ▼  
389.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-702**

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: (check only one)	PAGE 35 OF 147
	<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. Ellis, Nora, , ,**  
 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) VP, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-807**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Erwin, 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) VP,Clinical Svcs LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.09

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-834**  
 Amount of Each Receipt this Period 200.01  
 Memo Item

**C. Falkowski, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP & Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-843**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.01
<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 36 OF 147
	<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. 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 ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-661**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Farrell, Debbie, , ,**  
 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 Purchasing/Materials Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-732**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. 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 ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-681**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.83
<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 37 OF 147
	<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. 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 ▼  
769.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-642**

Amount of Each Receipt this Period  
38.46

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 ▼  
769.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-646**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. 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
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-631**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	111.92
<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 38 OF 147
	<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. 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 ▼ 700.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-635**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

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

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-585**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Fields, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director,Client Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-589**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<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 39 OF 147
	<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. Fitzgerald, Christine, , ,**

Mailing 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 ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-742**

Amount of Each Receipt this Period  
62.50

Memo Item

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

Mailing 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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-838**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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) Division Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
770.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-772**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	402.50
<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: PAGE 40 OF 147
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Gaines, Brenda, , ,**  
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) Sr Director, Compliance Admnstr
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-743**

Amount of Each Receipt this Period  
62.50

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-563**

Amount of Each Receipt this Period  
20.83

Memo Item

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-564**

Amount of Each Receipt this Period  
20.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.16
<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 41 OF 147
	<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. 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 ▼ 437.52

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-733**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Garcia, 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) Sr Director,RE Property Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-581**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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) District Leader,Lic Fld Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-682**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 129.17  
**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 42 OF 147
	<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. Gelfand, Tegan, , ,**  
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 ▼  
403.76

Date of Receipt  
09 / 14 / 2018  
**Transaction ID : 2018100216135-593**

Amount of Each Receipt this Period  
28.84

Memo Item

**B. Gelfand, Tegan, , ,**  
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 ▼  
403.76

Date of Receipt  
09 / 28 / 2018  
**Transaction ID : 2018100216135-596**

Amount of Each Receipt this Period  
28.84

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 14 / 2018  
**Transaction ID : 2018100216135-525**

Amount of Each Receipt this Period  
20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 147		
	<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

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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-539**  
 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-526**  
 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-540**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 44 OF 147
	<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. Gilson, 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) Group Head, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-839**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Glenn, 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) District Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-683**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Golden JR, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-776**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 147		
	<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

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

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

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

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,Strategy
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-734**

Amount of Each Receipt this Period  
62.50

Memo Item

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

Mailing 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,Div Asset Protection
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-684**

Amount of Each Receipt this Period  
41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. 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 ▼  
384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-489**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 147
	<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. 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 ▼ 384.60

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-504**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Grunsfeld, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Specialty Product Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-808**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. 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 Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-767**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 302.56  
**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: (check only one)	PAGE 47 OF 147
	<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. 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 Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-662**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Haron, Dan, , ,**  
 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,President LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-844**  
 Amount of Each Receipt this Period 250.00  
 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  
 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-532**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	311.66
<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 48 OF 147
	<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. 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  
 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-535**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-663**  
 Amount of Each Receipt this Period 41.66  
 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 ▼ 500.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-586**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 86.66  
**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 49 OF 147  
(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. 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 ▼ 500.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-590**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. 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 ▼ 900.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-777**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-809**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<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 50 OF 147
	<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. 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 ▼  
576.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-594**

Amount of Each Receipt this Period  
28.84

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 ▼  
576.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-597**

Amount of Each Receipt this Period  
28.84

Memo Item

**C. 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 ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-490**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 147
	<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. 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 ▼ 384.60

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-505**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. 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 ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-685**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Holodak, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Campus Dr Ste 310  
 City Florham Park State NJ Zip Code 07932-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-823**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.90
<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 52 OF 147  
(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. 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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

**Transaction ID : 2018100216135-718**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. 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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

**Transaction ID : 2018100216135-723**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

**Transaction ID : 2018100216135-778**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 53 OF 147
	<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. 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 ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-768**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Jacques, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Technology Dr  
 City Peabody State MA Zip Code 01960-7907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP,Acct Mgmt LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-824**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Jaeger, Michael, , ,**  
 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,Strategic Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-464**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 298.33  
**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 54 OF 147
	<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. Jaeger, Michael, , ,**  
 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, Strategic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-470**  
 Amount of Each Receipt this Period 15.00  
 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-527**  
 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-541**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<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 147
	<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. 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 ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-790**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Jordan, Brenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs 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 ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-796**  
 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 ▼ 3749.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-856**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	691.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 147
	(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. Jusko, William, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018
Mailing Address 700 Cvs Dr		<b>Transaction ID : 2018100216135-825</b>
City Ennis	State TX	Zip Code 75119-7810
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) VP Logistics	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Keawe, Chanda, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-623</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) CVS Health	Occupation (for Individual) District Leader,Fld Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Keene-Lamoureux, Jody, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-686</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,Executive Comp	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	271.67
<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 57 OF 147
	<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. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-845**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. King, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cvs Dr  
 City Woonsocket State RI Zip Code 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) District Leader, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-687**  
 Amount of Each Receipt this Period 41.67  
 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) Sr Advisor, Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-491**  
 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: (check only one)	PAGE 58 OF 147
	<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. 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) Sr Advisor,Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-506**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. 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) Sr Director,Clinical Svcs LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-703**  
 Amount of Each Receipt this Period 43.33  
 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-528**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 82.56  
**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: (check only one)	PAGE 59 OF 147
	<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. 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-542**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 ▼ 1874.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-836**  
 Amount of Each Receipt this Period 208.33  
 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 ▼ 577.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-607**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	257.18
<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 60 OF 147
	<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. 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 ▼ 577.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-617**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Kolady, Emmanuel, , ,**  
 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 Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-779**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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) Division Head,Employer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-632**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.85
<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 61 OF 147
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kunz, Steven, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2018 <b>Transaction ID : 2018100216135-636</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) Division Head,Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lariviere, Leo, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018 <b>Transaction ID : 2018100216135-744</b>
Mailing Address 200 Highland Corporate Dr		Amount of Each Receipt this Period 62.50
City Cumberland	State RI	Zip Code 02864-1786
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lavin, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018 <b>Transaction ID : 2018100216135-786</b>
Mailing Address 9501 E Shea Blvd		Amount of Each Receipt this Period 125.00
City Scottsdale	State AZ	Zip Code 85260-6719
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Network Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	222.50
<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 62 OF 147
	<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. Leadingham, Brian, , ,**  
 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,Client Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-810**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Leisey, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8300 Norman Center Dr FI 8  
 City Bloomington State MN Zip Code 55437-1027  
 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 ▼ 577.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-608**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Leisey, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8300 Norman Center Dr FI 8  
 City Bloomington State MN Zip Code 55437-1027  
 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 ▼ 577.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-618**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 257.70  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 147
	<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. 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 Leader,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-688**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-846**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Leonetti, Casey, , ,**  
 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,PBM Innovation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2625.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-850**  
 Amount of Each Receipt this Period 291.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.34  
**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 64 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-773**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. 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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-529**

Amount of Each Receipt this Period  
20.00

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-543**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 65 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Liss, Donald, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018 <b>Transaction ID : 2018100216135-811</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 200.00
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Loeber, Gary, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018 <b>Transaction ID : 2018100216135-787</b>
Mailing Address 2211 Sanders Rd		Amount of Each Receipt this Period 125.00
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) SVP Trade Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Losben, Nancy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018 <b>Transaction ID : 2018100216135-704</b>
Mailing Address 40 Twosome Dr		Amount of Each Receipt this Period 43.33
City Moorestown	State NJ	Zip Code 08057-1369
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Director,Quality LTC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 389.97	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	368.33
<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 66 OF 147
	<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. 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 Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-857**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**B. Luce JR, Ross, , ,**  
 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 RPh,Rx Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-492**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Luce JR, Ross, , ,**  
 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 RPh,Rx Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-507**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	455.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 147
	<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. 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-533**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-536**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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 ▼ 1100.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-729**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 95.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 147
	(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. 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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-730**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 9628 Forest Hills Rd

City Machesney Park	State IL	Zip Code 61115-8213
------------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,A/R INF
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-609**

Amount of Each Receipt this Period  
28.85

Memo Item

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

Mailing Address 9628 Forest Hills Rd

City Machesney Park	State IL	Zip Code 61115-8213
------------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Director,A/R INF
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
259.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-619**

Amount of Each Receipt this Period  
28.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.70
<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 69 OF 147
	<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. 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 ▼ 346.14

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-640**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. 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 ▼ 720.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-760**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. 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 ▼ 1501.47

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-802**  
 Amount of Each Receipt this Period 166.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.29
<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 147
	(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. 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 Director,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-651**  
 Amount of Each Receipt this Period 40.00  
 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 ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-493**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. 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 ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-508**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.46
<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: (check only one)	PAGE 71 OF 147
	<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. 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 ▼ 576.80

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-595**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**B. 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 ▼ 576.80

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-598**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. Matthews, 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 Leader,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-624**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	87.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 147
	<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. 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 ▼ 900.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-774**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 Director, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-714**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 900.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-780**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 73 OF 147
	<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. 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) SVP, Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2625.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-852**  
 Amount of Each Receipt this Period 291.67  
 Memo Item

**B. 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 ▼ 2541.69

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-853**  
 Amount of Each Receipt this Period 291.67  
 Memo Item

**C. 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 ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-664**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 625.00  
**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 147
	<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. 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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-812**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1 Cvs Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3749.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-861**

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 ▼  
1346.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-755**

Amount of Each Receipt this Period  
67.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	683.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 147
	<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. 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 ▼ 1346.20

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-756**  
 Amount of Each Receipt this Period 67.31  
 Memo Item

**B. Middendorf, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 Route 9W  
 City Glenmont State NY Zip Code 12077-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Pharmacy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-467**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Middendorf, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 Route 9W  
 City Glenmont State NY Zip Code 12077-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Pharmacy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-468**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 147
	<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. 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 ▼ 900.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-781**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-665**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Moniz, Joshua, , ,**  
 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 Manager, Accounting PBM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-582**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.66
<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 77 OF 147  
(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) Division Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1099.98

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-826**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Moriarty, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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 Policy Officer & GC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-862**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Moyer-Carey, Amy, , ,**  
 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,Medicare D - CD&A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-813**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 816.66  
**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 78 OF 147
	<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. Mumma III, James, , ,**  
 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) Director,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-445**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Mumma III, James, , ,**  
 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) Director,IT Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-447**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-840**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	273.08
<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 147
	<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. 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 ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-763**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Navagamuwa, Roshan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Sanders Rd  
 City Northbrook State IL Zip Code 60062-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP,Client Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-814**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Nguyen, Michelle, , ,**  
 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,Enterpr Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-643**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 321.79  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 147
	<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. Nguyen, Michelle, , ,**  
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) Sr Director,Enterpr Analytics
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-647**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. O'Rourke, Joan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 Sanders Rd

City Northbrook	State IL	Zip Code 60062-6150
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) VP,Sales & Benefit Verf
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-815**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-672**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.13
<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 147
	(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**

**A. Pal, Pushendu, , ,**  
 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 ▼ 1350.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-792**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Palen, 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) Account Manager,LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.40

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-575**  
 Amount of Each Receipt this Period 21.67  
 Memo Item

**C. Palen, 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) Account Manager,LTC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.40

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-576**  
 Amount of Each Receipt this Period 21.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	193.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 147
	<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. 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 ▼ 769.20

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-644**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. 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 ▼ 769.20

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-648**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-847**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<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 83 OF 147
	<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. 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 ▼ 577.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-610**  
 Amount of Each Receipt this Period  
 28.85  
 Memo Item

**B. 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 ▼ 577.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-620**  
 Amount of Each Receipt this Period  
 28.85  
 Memo Item

**C. Patel, Yagnesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1780 Wall St  
 City Mount Prospect State IL Zip Code 60056-5790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director RPh,Rx Pharmacy Ops  
 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  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-442**  
 Amount of Each Receipt this Period  
 11.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.70
<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 84 OF 147
	<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. Patel, Yagnesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1780 Wall St  
 City Mount Prospect State IL Zip Code 60056-5790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director RPh,Rx Pharmacy Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-443**  
 Amount of Each Receipt this Period 11.00  
 Memo Item

**B. Patent, Wendy, , ,**  
 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,Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-611**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Patent, Wendy, , ,**  
 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,Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-621**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 68.70  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Patino, Mary, , ,**  
 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, Program Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-745**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Patterson, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Scenic View  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) VP, MC Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-827**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Pawlik, Thomas, , ,**  
 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 Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-577**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	287.50
<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 86 OF 147
	<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. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-841**  
 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 ▼ 384.60

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-494**  
 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 ▼ 384.60

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-509**  
 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 87 OF 147
	(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. 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 ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-855**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**B. Pitts, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 S High St  
 City Versailles State IN Zip Code 47042-9523  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-451**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

**C. Pitts, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 S High St  
 City Versailles State IN Zip Code 47042-9523  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-453**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.00
<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 88 OF 147
	<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. 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 Leader,Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-715**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ponczkowski, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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 Srvc Sup  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-530**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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 Srvc Sup  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-544**  
 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 89 OF 147  
(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. Price, Francis, , ,**  
 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 ▼ 1500.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-801**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-828**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. 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) VP,Operations Long Term Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-769**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 90 OF 147
	<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. Rappa, Stephen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Centre of New England Blvd

City Coventry State RI Zip Code 02816-6068

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 ▼  
1600.00

Date of Receipt  
09 / 12 / 2018  
**Transaction ID : 2018100216135-829**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Rhodes, Orel, , ,**  
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 Director,Client Ops Aetna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.60

Date of Receipt  
09 / 14 / 2018  
**Transaction ID : 2018100216135-474**

Amount of Each Receipt this Period  
15.38

Memo Item

**C. Rhodes, Orel, , ,**  
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 Director,Client Ops Aetna

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.60

Date of Receipt  
09 / 28 / 2018  
**Transaction ID : 2018100216135-475**

Amount of Each Receipt this Period  
15.38

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 230.76

**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 91 OF 147
	<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. Rice, Dennis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2018 <b>Transaction ID : 2018100216135-719</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) VP General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rice, Dennis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2018 <b>Transaction ID : 2018100216135-724</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) VP General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rice, Derica, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2018 <b>Transaction ID : 2018100216135-863</b>
Mailing Address 1 Cvs Dr		Amount of Each Receipt this Period 416.66
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CVS Health	Occupation (for Individual) EVP & President CVS Caremark	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1666.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.66
<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 92 OF 147
<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. 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 ▼ 700.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-633**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. 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 ▼ 700.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-637**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. 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 ▼ 562.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-746**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.50
<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 93 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Riva, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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,Kidney Care Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-641**  
 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 ▼ 389.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-705**  
 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 ▼ 3749.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-864**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	498.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 147
	<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. 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 ▼ 420.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-565**  
 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 ▼ 420.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-566**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Rosenbaum, Amy, , ,**  
 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 ▼ 600.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-816**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.00
<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 95 OF 147
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) District Leader,Lic Fld Mgt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-747**

Amount of Each Receipt this Period  
62.50

Memo Item

**B. Rumbarger, Ryan, , ,**  
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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-830**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 180 Passaic Ave

City Fairfield	State NJ	Zip Code 07004-3516
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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 ▼  
230.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-446**

Amount of Each Receipt this Period  
11.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	274.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 147
	<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. Russo, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 Passaic Ave  
 City Fairfield State NJ Zip Code 07004-3516  
 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 ▼ 230.80

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-448**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. 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 ▼ 2250.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-848**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Sargent, 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) Sr Exec Advisor,Gov't Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-696**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	303.21
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Sargent, 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Exec Advisor, Gov't Affairs
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-699**

Amount of Each Receipt this Period  
41.67

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-587**

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-591**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.67
<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 98 OF 147
	<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. Schaper, Steven, , ,**  
 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-817**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Schmidt, 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) Division Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-690**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. 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 Director, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-770**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<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 99 OF 147
	<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. 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
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
3749.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-858**

Amount of Each Receipt this Period  
416.66

Memo Item

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director, Fld Mgmt
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-652**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) District Leader, Lic Fld Mgt
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
374.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-666**

Amount of Each Receipt this Period  
41.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	498.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 147
	<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. 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 ▼ 562.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-748**  
 Amount of Each Receipt this Period 62.50  
 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 ▼ 1000.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-720**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 1000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-725**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 162.50  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 147
	<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. 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 ▼  
375.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-691**

Amount of Each Receipt this Period  
41.67

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
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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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-854**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Shankman, Leonard, , ,**  
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
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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 ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-735**

Amount of Each Receipt this Period  
62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	404.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Sheer, Julie, , ,**  
 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 Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.45

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-600**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Sheer, Tommy, , ,**  
 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,Mail & Specialty Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-709**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Shellum-Allenson, Kristine, , ,**  
 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 and Chief Audit Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-782**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.85  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 147
	<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. 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 ▼ 900.00

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-783**  
 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 ▼ 1275.00

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-803**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. Smith, Laura, , ,**  
 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) Account Executive Strategic  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-465**  
 Amount of Each Receipt this Period 15.00  
 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 104 OF 147
	<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. Smith, Laura, , ,**  
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) Account Executive Strategic
---	--

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
09		28		2018

**Transaction ID : 2018100216135-471**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Smith, Sandra, , ,**  
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, Divisional Merch
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-592**

Amount of Each Receipt this Period  
28.84

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-784**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	143.84
<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 105 OF 147
	<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. 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 ▼ 693.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-757**  
 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 ▼ 1540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : 2018100216135-758**  
 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 ▼ 1540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : 2018100216135-759**  
 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: (check only one)	PAGE 106 OF 147
	<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. 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) Group Head,Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-673**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Stowell, Randal, , ,**  
 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 ▼ 562.50

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-749**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. 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 ▼ 769.20

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 142.63  
**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 107 OF 147
	<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. 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 ▼ 769.20

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-649**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Talke, Dixi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Highland St  
 City Woonsocket State RI Zip Code 02895-1834  
 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 ▼ 450.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-716**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Tansey, Eimile, , ,**  
 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,HR Bus Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-602**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 117.31  
**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 108 OF 147
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Terry, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-495</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor, Govt Services 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 ▼ 384.60	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Terry, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-510</b>
City Woonsocket	State RI	Zip Code 02895-6146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer (for Individual) CVS Health	Occupation (for Individual) Exec Advisor, Govt Services 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 ▼ 384.60	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thiele, Craig, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2018
Mailing Address 1 Cvs Dr		<b>Transaction ID : 2018100216135-831</b>
City Woonsocket	State RI	Zip Code 02895-6146
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) VP Store Operations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.46
<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: (check only one)	PAGE 109 OF 147
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Advisor,Analytic Services
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-531**

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
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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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-545**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Sr Advisor,Talent Dev - Retail
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
374.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-667**

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: (check only one)	PAGE 110 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Tomasetti, Alisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Highland St  
 City Woonsocket State RI Zip Code 02895-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) Director, Logistics Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-625**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Toncheff, Laura, , ,**  
 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 Legal Counsel, Healthcare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-750**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. 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) VP, Inventory  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-832**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.50
<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 111 OF 147
	<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. 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 ▼ 487.53

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-728**  
 Amount of Each Receipt this Period 54.17  
 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 ▼ 400.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-534**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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 ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-537**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.17  
**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 112 OF 147
	<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. 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) Division Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-668**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. 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 ▼ 1350.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-797**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. 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 ▼ 1800.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-833**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	391.66
<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 113 OF 147
	<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. 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 ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-751**

Amount of Each Receipt this Period  
62.50

Memo Item

**B. 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 ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-653**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Ventura, Denis, , ,**  
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) Manager,Resource Planning
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-496**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121.73
<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 147
	<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. Ventura, Denis, , ,**  
 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) Manager,Resource Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-511**  
 Amount of Each Receipt this Period 19.23  
 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 ▼ 577.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-612**  
 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 ▼ 577.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-622**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.93  
**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 115 OF 147
	<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. 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 ▼ 375.03

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-693**  
 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 Director, Fld Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-669**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Vitti, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Scenic View  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Health Occupation (for Individual) SVP, Executive Director MC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-785**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	183.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 147
	<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. Wade, Tremayne, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2305 Jonesboro Rd

City McDonough	State GA	Zip Code 30253-5999
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) District Leader, Fld Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-630**

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 ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-634**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

**C. 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 ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-638**

Amount of Each Receipt this Period  

35.00
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 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: (check only one)	PAGE 117 OF 147
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Health	Occupation (for Individual) Region Director,Fld Mgmt
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**374.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-670**

Amount of Each Receipt this Period  
**41.66**

Memo Item

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

Mailing Address 1 Cvs Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1916.64**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-835**

Amount of Each Receipt this Period  
**208.33**

Memo Item

**C. Washburn, Walter, , ,**  
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) Sr Manager,Performance Eng
---	---

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
09		14		2018

**Transaction ID : 2018100216135-466**

Amount of Each Receipt this Period  
**15.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>264.99</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 118 OF 147
	<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. Washburn, Walter, , ,**  
 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 Manager,Performance Eng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-472**  
 Amount of Each Receipt this Period 15.00  
 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 ▼ 749.97

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-771**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. White, 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) Manager,Practice Liaison  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-497**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 117.56  
**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: (check only one)	PAGE 119 OF 147
	<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. White, 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) Manager,Practice Liaison  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-512**  
 Amount of Each Receipt this Period 19.23  
 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 ▼ 1000.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-721**  
 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 ▼ 1000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-726**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.23  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 147
	<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. Willis, 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) Sr Director,RE Property Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2018  
**Transaction ID : 2018100216135-583**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 1000.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : 2018100216135-722**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 1000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : 2018100216135-727**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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 121 OF 147  
(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. Wilson-Kerr, Ericka, , ,**

Mailing 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 Director,Fld Mgmt
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-694**

Amount of Each Receipt this Period  
41.67

Memo Item

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

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 ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-752**

Amount of Each Receipt this Period  
62.50

Memo Item

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

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 ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-753**

Amount of Each Receipt this Period  
62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.67
<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 122 OF 147
	<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. 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 ▼ 389.97

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-706**  
 Amount of Each Receipt this Period 43.33  
 Memo Item

**B. 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 ▼ 389.97

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-707**  
 Amount of Each Receipt this Period 43.33  
 Memo Item

**C. 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) Sr Advisor,Rx Prod Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 09 / 12 / 2018  
**Transaction ID : 2018100216135-695**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	128.33
<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 123 OF 147
	<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. 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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : 2018100216135-626**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. 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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : 2018100216135-627**

Amount of Each Receipt this Period  
30.00

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) SVP,Third Party Reimbursement
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : 2018100216135-717**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	29310.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 147
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Stabenow For US Senate**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 4945

City East Lansing	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2018

**Transaction ID : F51558B89E00F357FCA**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Refund

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

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Diana DeGette for Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 61337

MM / DD / YYYY  
09 / 05 / 2018

City  
Denver

State  
CO

Zip Code  
80206-8337

FEC Identification Number

Purpose of Disbursement  
2018 General

011

C00311639

Candidate Name

**DeGette, Diana, L., ,**

Category/  
Type

**Transaction ID : C5B63A6085I**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00

State: CO District: 01

Memo Item

**B. Guthrie For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 9639

MM / DD / YYYY  
09 / 05 / 2018

City  
Bowling Green

State  
KY

Zip Code  
42102-9639

FEC Identification Number

Purpose of Disbursement  
2018 General

011

C00445023

Candidate Name

**Guthrie, S. Brett, , ,**

Category/  
Type

**Transaction ID : 47346BDD30I**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

1000.00

State: KY District: 02

Memo Item

**C. Latta For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 106

MM / DD / YYYY  
09 / 05 / 2018

City  
Bowling Green

State  
OH

Zip Code  
43402-0106

FEC Identification Number

Purpose of Disbursement  
2018 General

011

C00438697

Candidate Name

**Latta, Robert, E., ,**

Category/  
Type

**Transaction ID : 0A0548FC11:**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00

State: OH District: 05

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. Oorah! Political Action Committee**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
2018 Contribution

Category/  
Type

Candidate Name  
**Oorah! Political Action Committee**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 668597D66E9**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wenstrup For Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement  
2018 General

Category/  
Type

Candidate Name  
**Wenstrup, Brad, R., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OH District: 02

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : FE23F2EB09f**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Ana Hernandez Campaign**

Mailing Address PO Box 15538

City Houston State TX Zip Code 77220

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 0ADBEF60DI

Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Angie Chen Button Campaign**

Mailing Address PO Box 832748

City Richardson State TX Zip Code 75083

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 52498FD0FE6

Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Armando Martinez Campaign**

Mailing Address PO Box 1651

City Weslaco State TX Zip Code 78599

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 2E07749663F

Amount of Each Disbursement this Period: 1000.00

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 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. Bryan Hughes Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 450

City Mineola State TX Zip Code 75773

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : **A97B304526**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Carol Alvarado Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 816 Ralfallen

City Houston State TX Zip Code 77008

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : **C7266DACCE**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Cesar Blanco Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 27074

City El Paso State TX Zip Code 79926

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : **CB760851AA**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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 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**

Full Name (Last, First, Middle Initial) <b>A. Charles Perry Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 94806		FEC Identification Number <b>C</b> <b>Transaction ID : EA1B802576</b> Amount of Each Disbursement this Period 2000.00
City Lubbock	State TX	
Zip Code 79493	Purpose of Disbursement Nonfederal Contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Craig Goldman Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 100039		FEC Identification Number <b>C</b> <b>Transaction ID : 5BB97012FA</b> Amount of Each Disbursement this Period 1000.00
City Fort Worth	State TX	
Zip Code 76185	Purpose of Disbursement Nonfederal Contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dan Flynn Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 669		FEC Identification Number <b>C</b> <b>Transaction ID : 6C6DCC63BI</b> Amount of Each Disbursement this Period 1000.00
City Van	State TX	
Zip Code 75790	Purpose of Disbursement Nonfederal Contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Dan Huberty Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 4501 Magnolia Cove Dr.  
Suite 201

City Kingwood State TX Zip Code 77145

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [REDACTED]  
Transaction ID : E8F4B8972E1  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Dawn Buckingham Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 342524

City Lakeway State TX Zip Code 78734

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [REDACTED]  
Transaction ID : 437360E0007I  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Dennis Paul Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 626 1/2 Barringer Lane  
Suite A

City Webster State TX Zip Code 77598

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [REDACTED]  
Transaction ID : 51DB287061I  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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 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. DeWayne Burns Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 703 Stonelake Dr.

City Cleburne State TX Zip Code 76033

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : E66D392B00  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Drew Springer for Texas**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6

City Muenster State TX Zip Code 76252

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : 8977DEAE36I  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Eddie Lucio III Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 5136 Sugar Mill Road

City San Antonio State TX Zip Code 78256

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : 2BE11B5A59  
Amount of Each Disbursement this Period: 1000.00

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 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**

Full Name (Last, First, Middle Initial) <b>A. Francis E. Buttrey Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 708 Central Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : 816B34973CI</b> Amount of Each Disbursement this Period [REDACTED] - 100.00
City Great Falls	State MT	Zip Code 59401
Purpose of Disbursement Void of June 2018 Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Friends of Brandon Creighton</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 2257 N. Loop 336, Suite 140336		FEC Identification Number C [REDACTED] <b>Transaction ID : 3EF9F742A13</b> Amount of Each Disbursement this Period [REDACTED] 2000.00
City Conroe	State TX	Zip Code 77304
Purpose of Disbursement Nonfederal Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Friends of John Zerwas</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 1012 Morton Street		FEC Identification Number C [REDACTED] <b>Transaction ID : E1878D9CD3</b> Amount of Each Disbursement this Period [REDACTED] 2000.00
City Richmond	State TX	Zip Code 77469
Purpose of Disbursement Nonfederal Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 3900.00

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

[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 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**

Full Name (Last, First, Middle Initial) <b>A. Friends of Larry Taylor</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 1208		FEC Identification Number C [REDACTED] <b>Transaction ID : 93532240670</b> Amount of Each Disbursement this Period 2000.00
City Friendswood	State TX	Zip Code 77546
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Tom Oliverson</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 1 E. Greenway Plaza, Suite 225		FEC Identification Number C [REDACTED] <b>Transaction ID : CA7504E6FA!</b> Amount of Each Disbursement this Period 2000.00
City Houston	State TX	Zip Code 77046
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Garnet Coleman Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 88140		FEC Identification Number C [REDACTED] <b>Transaction ID : 0DFDFBC4B</b> Amount of Each Disbursement this Period 1000.00
City Houston	State TX	Zip Code 77288-0140
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

5000.00

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

[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 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**

Full Name (Last, First, Middle Initial) <b>A. Geanie Morrison Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 4642		FEC Identification Number C [REDACTED] <b>Transaction ID : 4FCEE58AFB</b> Amount of Each Disbursement this Period [REDACTED] 1000.00
City Victoria	State TX	Zip Code 77903
Purpose of Disbursement Nonfederal Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Gina Hinojosa Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 300095		FEC Identification Number C [REDACTED] <b>Transaction ID : 6C99F187042</b> Amount of Each Disbursement this Period [REDACTED] 1000.00
City Austin	State TX	Zip Code 78703
Purpose of Disbursement Nonfederal Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Greg Bonnen Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 1183		FEC Identification Number C [REDACTED] <b>Transaction ID : C2F97443EB</b> Amount of Each Disbursement this Period [REDACTED] 1000.00
City Friendswood	State TX	Zip Code 77549
Purpose of Disbursement Nonfederal Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[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 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. Harold V. Dutton Jr. Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 2323 Caroline Street

City Houston State TX Zip Code 77004

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : AF76413C57f

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. James Frank Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 3808 B Kemp Blvd #321

City Wichita Falls State TX Zip Code 76308

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : C77BE165F8z

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. JARVIS4TEXAS CAMPAIGN**

Full Name (Last, First, Middle Initial)

Mailing Address 1051 Cottage Oak

City Houston State TX Zip Code 77091

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 3C863721BB

Amount of Each Disbursement this Period: 1000.00

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 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. Jay Dean for Texas**

Full Name (Last, First, Middle Initial)

Mailing Address 3822 Holly Ridge

City Longview State TX Zip Code 75605

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : B0A3A87406

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Jessica Farrar Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30099

City Houston State TX Zip Code 77249

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : EBB265BB10

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Joe Moody Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 920827

City El Paso State TX Zip Code 79902

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : C15566253E!

Amount of Each Disbursement this Period: 1000.00

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 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. John Cryier Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 1301 Westwood Road

City Lockhart State TX Zip Code 78644

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : D9CE5CA32E

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. John Frullo Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 64010

City Lubbock State TX Zip Code 79464

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 67CD7011C2f

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. John Kuempel Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 902 East College Street

City Seguin State TX Zip Code 78155

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : E1049504BE

Amount of Each Disbursement this Period: 1000.00

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 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. John Wray Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 574

City Waxahachie State TX Zip Code 75166

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
**Transaction ID : 24274BB99D:**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Ken King Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 517

City Canadian State TX Zip Code 79014

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
**Transaction ID : BCC2E03022I**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Ken Paxton Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3476

City McKinney State TX Zip Code 75070

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
**Transaction ID : 50324322818**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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 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**

Full Name (Last, First, Middle Initial) <b>A. Kirk Watson Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 2004		FEC Identification Number C [REDACTED] <b>Transaction ID : A42B5FCCCI</b> Amount of Each Disbursement this Period 2000.00
City Austin	State TX	Zip Code 78768
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Kyle Kacal Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 6628		FEC Identification Number C [REDACTED] <b>Transaction ID : 3AF138187B7</b> Amount of Each Disbursement this Period 1000.00
City Bryan	State TX	Zip Code 77805
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Oscar Longoria Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 4224		FEC Identification Number C [REDACTED] <b>Transaction ID : 57DFEEF296</b> Amount of Each Disbursement this Period 1000.00
City Mission	State TX	Zip Code 78572
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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**

Full Name (Last, First, Middle Initial) <b>A. Rep Morgan Meyer Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 3838 Oak Lawn Ave Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : 8A912EA3E2!</b> Amount of Each Disbursement this Period 1000.00
City Dallas	State TX	Zip Code 75219
Purpose of Disbursement Nonfederal Contribution		011 Category/Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Richard Pena Raymond Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 450349		FEC Identification Number C [REDACTED] <b>Transaction ID : 5E94D46B1C!</b> Amount of Each Disbursement this Period 1000.00
City Laredo	State TX	Zip Code 78045
Purpose of Disbursement Nonfederal Contribution		011 Category/Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robert Nichols for Texas Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 2347		FEC Identification Number C [REDACTED] <b>Transaction ID : 3744E055C0!</b> Amount of Each Disbursement this Period 2000.00
City Jacksonville	State TX	Zip Code 75766
Purpose of Disbursement Nonfederal Contribution		011 Category/Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

4000.00

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

[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 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. Royce West Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 5787 S Hampton Rd  
Ste 440

City Dallas State TX Zip Code 75232-2255

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : 9C403DAAEE**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Sarah Davis Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 4203 Tennyson Street

City Houston State TX Zip Code 77005

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : A620D554020**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Tan Parker Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 271741

City Flower Mound State TX Zip Code 75027

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : 393CF94F311**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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 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**

Full Name (Last, First, Middle Initial)

### A. Texans for Chris Paddie

Mailing Address PO Box 7259

City  
Marshall

State  
TX

Zip Code  
75671

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 0F071F7BBE

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Texans for Dade

Mailing Address 2825 Nall Street  
#19B

City  
Port Neches

State  
TX

Zip Code  
77651

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 146EC393650

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Texans for Kelly Hancock

Mailing Address PO Box 821349

City  
North Richland Hills

State  
TX

Zip Code  
76182

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 74BF7C0B0E

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

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

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

[REDACTED] 6000.00

[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 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. Texans for Trent Ashby**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 412

City Lufkin State TX Zip Code 75902

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : C71CAFFA6C  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. The Chris Turner Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 182093

City Arlington State TX Zip Code 76096

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : FC41DC1849f  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. The Donna Howard Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5375

City Austin State TX Zip Code 78763

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C  
Transaction ID : 0175FB5AC2  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

**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. The Drew Darby Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3284

City San Angelo State TX Zip Code 76902

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : F149E61AC8!

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. The Dwayne Bohac Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 7941 Katy Freeway #230

City Houston State TX Zip Code 77024

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 7548259C01A

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. The Four Price Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1749

City Amarillo State TX Zip Code 79105

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : FED8AD3984

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4000.00



**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**

Full Name (Last, First, Middle Initial) <b>A. The Jose Menendez Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 761780		FEC Identification Number C [REDACTED] <b>Transaction ID : 2843DAB7D4</b>
City San Antonio	State TX	Zip Code 78245
Purpose of Disbursement Nonfederal Contribution		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. The Juan Chuy Hinojosa Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 612 W. Molana Ave. Suite 410		FEC Identification Number C [REDACTED] <b>Transaction ID : 700E868496C</b>
City McAllen	State TX	Zip Code 78504
Purpose of Disbursement Nonfederal Contribution		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 3000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. The Nicole Collier Campaign</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 24241		FEC Identification Number C [REDACTED] <b>Transaction ID : E88B612A5D</b>
City Fort Worth	State TX	Zip Code 76124
Purpose of Disbursement Nonfederal Contribution		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 6000.00
[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 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. The Senfronia Thompson Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 4828 Loop Central Dr. #600

City Houston State TX Zip Code 77081

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : CA5A4D8036

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. The Tracy O. King Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 2018 E. Main St.

City uvalde State TX Zip Code 78801

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 116EF7B1055

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Todd Hunter Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 445 Cape Henry Drive

City Corpus Christi State TX Zip Code 78412

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C

Transaction ID : 2A44366B12

Amount of Each Disbursement this Period: 1000.00

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 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. Toni Rose Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 41867

City Dallas State TX Zip Code 75241

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [ ]

Transaction ID : 7EE9A25860f

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. Yvonne Davis Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 763368

City Dallas State TX Zip Code 75376

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C [ ]

Transaction ID : 20D4080566B

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	79400.00