BOARD OF ETHIC	ENT OF THE DIST S AND GOVERNM VASHINGTON, D.O	ENT ACCOUNTA		
	BBYIST ACTIVITY (See next page for instr	10	B000/02/89	<u> </u>
Type of Report: January 20	If you are filing intend to lobby in		ease indicate whethe dar year. ZYes Di	
July	ark	(b)	202 -7 7 a	1-3522 ne Number
(c) Permanent Address 1300 I Street	et NW, Suite	= 525W, Was	hington, DC a	20005
(d)	Temporary	Address	(while	lobbying)
(Stree	et Address)		(City, State, Zip Code)	
2. Lobbyist (s) Working for Registrant: Attach a Supple  (a) Name Michael Ayothe  Address 7578 West Brock  (Street Address)  Richmond, VA 2326  (City, State, Zip Code)  Daytime Phone Number 804-337-48	ad Street Add	dress(S	Street Address) (City, State, Zip Code)	
	(b) Da			
(d) Nature of Business Narmacevicals  4. Terms of Compensation: (a) 79 14/HR Salary	Svite 525 5, Pharmacy, f	W, Washing BM, healthca Continuin	2	tail business.
5. Identify matter(s) by subject and formal designation space is needed.  Legislative regulatory, affecting the industry	an on which the lobbyist/reg			
	-			

\* REMINDER - Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15<sup>th</sup> of each year.

**	4.0	ma	4 4
Rev.	1 1	1 741	

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name ED PISCHER-COS-CM MOYAMOR	Date 21/26/2012
Name CHARAMIN Mendelson	Date 10/9/2012
Name CM EVANS	Date 12/3/2012
Name CM Brown	Date 12/3/2012
Name Cm BOWSER	Date 12/3/2012
Name CM OSSANIA	Date 12/3/2012
<ul> <li>7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting (Schedule A)</li> <li>8. Total of other compensation/receipts received for lobbying services and compensat (Schedule A-1)</li> <li>9. Total amount of Loans received by the Lobbyist in connection with lobbying durin</li> </ul>	tion paid to others: \$
(Schedule A-2) 10. Total receipts (Add Lines 7, 8, and 9)	\$ \$316.56
11. Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B)	
* 12. 'Total of other expenditures related to lobbying activities: (Schedule B-1)	\$ 7,000.00
. 13. Total expenditures (Add Lines 11 and 12)	s \$7316.56

6.

Name: CM Graham Date: 12/3/2012

Name: CM Wells Date: 12/3/2012

Name: CM Alexander Date: 12/03/2012

Name: CM McDuffie Date: 12/03/2012

### BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE\_OF SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

			YEAR:	2012		
		Type of Report:	January 2	2013	July	
	Pe	eriod Covering: 1	1 1		12/31/12	
LOBBYIST/	EMPLOYEE LOB		CVS Caner	naric/M	ichael Ayotte	
AMERICAN	TION/RECEIPT	S PAID FOR LOB	BYING (AMOUNT	'S MAY BE ROU	NDED OFF TO WHOI.E	
EMPI (FEES/COMPENS		, ADDRESS AND	TELEPHONE NU	JMBER	TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
CV5		K NW, Suite 5. L 20005	75W		316 56	ě.
FEES/RETAINER	COMPENSATION \$				\$	s
	LOYER'S NAME	, ADDRESS AND	TELEPHONE N	JMBER	TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					6
\$ EMP		, ADDRESS AND	TELEPHONE N	JMBER	TOTAL THIS PERIOD	\$ CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					6
		E, ADDRESS AND	TELEPHONE N	UMBER	* TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
(FEES/COMPENS	ATION)					
FEES/RETAINER	COMPENSATION				d,	6
\$	\$		1	1	Ф	P
		TAL RECEIPTS I ARRY TOTAL FO			s 31656	s

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

**BEGA Form** 

(SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

#### BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY OF \_\_\_ LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: 2012 Type of Report: DJanuary 2013 **UJuly** Period Covering: 7 through LOBBYIST/EMPLOYEE LOBBYIST'S NAME: (1/5 CAREWARK OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT TOTAL THIS CUMULATIVE EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER PERIOD TOTAL CVS CapemaRk Washington, Dc 2000S 1300 I Street NW, Svite 525W, COMPENSATION ADVERTISING & PERSONAL TRAVEL OTHER OFFICE EXPENSES PUBLICATION EXP **EXPENSES EXPENSES** TO OTHER **EXPENSES** CUMULATIVE TOTAL THIS EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER PERIOD TOTAL. ADVERTISING & PERSONAL. TRAVEL COMPENSATION OFFICE EXPENSES **EXPENSES EXPENSES** TO OTHER **EXPENSES PUBLICATION EXP** TOTAL THIS CUMULATIVE PERIOD TOTAL EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER ADVERTISING & PERSONAL TRAVEL COMPLNSATION OTHER OFFICE EXPENSES **PUBLICATION EXP EXPENSES EXPENSES** TO OTHER **EXPENSES CUMULATIVE** TOTAL THIS TOTAL EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER PERIOD ADVERTISING & COMPENSATION PERSONAL. TRAVEL OTHER OFFICE EXPENSES PUBLICATION EXP **EXPENSES** TO OTHER **EXPENSES EXPENSES** \$ TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING \$ 5 (CARRY TOTAL FORWARD TO LINE 8)  $\beth$  if more space is needed, check box and attach supplemental sheet a-i

### BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE\_OF\_ SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST YEAR: 2012

		Type of R	eport: January	8013 L	July	
		Period Cover	ing: 7 1 12	through	12/31/12	
LOBBY NAME:	IST/EMPLOYE		ak/Michael			
LOANS	S RECEIVED	IN CONNECTION	WITH LOBBYING ACTI	VITY.		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER  CV5 Canemark  1300 I Street NW, Svite. 525W  Washington, DC 20065				TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN	
LOAN					$+\varphi$	$  \mathscr{V}  $
\$	S	S	\$		\$	\$ /
ı	EMPLOYER'S	AME. ADDRESS A	AND TELEPHONE NUME	BER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN				T		
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER				BER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN	- 6				6	
\$ \$ \$ \$ EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN				T	-	
\$	\$	\$	\$		\$	\$
	(CAF	RRY TOTAL FOR IS NEEDED, CHECK	IVED FOR THE PERIO WARD TO LINE 9) BOX AND ATTACH SUPPL		s	\$
(SEE REVERSE SIDE FOR INSTRUCTIONS)					REC:A Form	

### BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE\_OF SCHEDULE B-EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST YEAR: 2012

		January 2013 DJuly		
COMPEN	Period Covering: 7	1 12 through 12 GREMARK Michael	31/12 Ayotte	
	TS MADE IN CONNECTION WITH LOBBYIN			
ACTIVITY EMPLOYE	EXPENSES INCURRED, OR PAID BY ELOBBYIST FOR ACTIVITIES RELATIVE T	THE COMPENSATING REGISTRANT TO LOBBYING ACTIVITIES IN THE DIST	TO THE LOBBYIST	AND/OR IN-HOUSE
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
7/1/201		Lubby DC	\$ 316 50	\$
	E			
			\$	\$
			\$	\$
8				
-			ss	\$
			\$	\$
			\$	\$
			s	S
	12 12 13 13 14 14			
and a control of the	TOTAL EXPENDITURES	PAID FOR LOBBYING	\$ 316 56	\$
	(CARRY TOTAL FOR	WARD TO LINE 11)		

 $\square$  If more space is needed, check box and attach supplemental sheet (SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

BEGA Form

# BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE\_OF \_\_ SCHEDULE B-1 - OTHER EXPENDITURES YEAR: 2012

Type of Report: January 2013 July	
Period Covering: 1112 through 123112	
COMPENSATING REGISTRANT'S NAME: CVS CAREMARK   Michael Ayotte	900

)ATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT. HONORARIA, ETC.)	TOTAL PAYMEN
7/27/12	Kenyan McDuffe 2012		contribution	\$500
7/21/12	Michael Brown 2012		contribution	s 1,000
8 15 12	Mendelson For Chairman		contribution	s1,500
12/4/12	The Common Good	Constituent Services Fund	contribution	\$ 500
12 14 12	The Evans Constituent Services Fund	Constituent Services Fund	contribution	<sub>\$</sub> 500
12 4 12	Ward 4 Cares	Constituent Services fund	contribution	s 500
12/14/12	Marion Barry Constituent Services Fund	Constituent Services Fund	Contribution	s 500
12/14/12	OUR Ward 5	Constituent Services Fund		<sub>\$</sub> 500

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET TO SCHEDULE B-1

IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

### Supplemental Sheet to Schedule B-1

## CVS Caremark / Mike Ayotte

Date	Name of Recipient	Description of Consideration	Type of Compensation paid (loans, contribution, gift, hororaria, etc.)	Total Payment
12/14/12	Ward 3 Constituent Services Fund	Constituent Services Fund	Contribution	\$500
12/14/12	Yvette Alexander Constituent Services Fund	Constituent Services Fund	Contribution	\$500
12/14/12	Friends of Jim Graham	Constituent Services Fund	Contribution	\$500
	TOTAL OTHER EXPENDITURES PAID FOR LOBBYING			\$7,000

### BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

# LOBBYIST ACTIVITY REPORT

SCHEDULE C

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CK & CK! X	NII	1 . 1
YEAR	00	10
_		-

	(See next page for Insti	uctions)
Type of Report	January 2013 U July	
Covering Perio	d 7/1/12 through 12/31/1	2
LOBBYIST/COM	PENSATING'S REGISTRANT'S NAME:	CVS Caremark michael Ayotte
DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
		111
		MIX
		All and a second
	A CONTRACTOR OF THE PROPERTY O	
on this Lobbyist	Activity Report are to the best of my	of perjury that the statements contained knowledge, true, correct, and complete.  authorized officer or agent* of
*'I'he lobbyist reta registrant.	ined by contract to provide lobbying servic	es may not sign on behalf of the compensating
Subscribed and	sworn to before me on this $\frac{19}{2}$	th day of JANULUS.
My commission	Expires: 08/31/2013	Notary Public
REV 7/2000	O O O O O O O O O O O O O O O O O O O	OCF FORM 26