

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

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

FOR LINE NUMBER: PAGE 29 OF 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

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

**A. Byron, Cheryl, , ,**

Mailing Address 1 Cvs Dr

City

Woonsocket

State

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 ▼

310.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

**Transaction ID : 2019071514375-355**

Amount of Each Receipt this Period

20.91

☐ Memo Item

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

**B. Byron, Cheryl, , ,**

Mailing Address 1 Cvs Dr

City

Woonsocket

State

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 ▼

310.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

**Transaction ID : 2019073011535-354**

Amount of Each Receipt this Period

20.91

☐ Memo Item

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

**C. Carlson, Martha, , ,**

Mailing Address 11 Stanwix St

City

Pittsburgh

State

PA

Zip Code

15222-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CVS Health

Occupation (for Individual)

VP,ChiefNtwk&OpsLdr

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2019

**Transaction ID : 201908011198-591**

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

250.15

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