

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

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

FOR LINE NUMBER: PAGE 43 OF 206

(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**

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

**A. Davenport, 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)

District Leader,Lic Fld Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

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

**Transaction ID : 2019071514375-402**

Amount of Each Receipt this Period

31.25

☐ Memo Item

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

**B. Davenport, 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)

District Leader,Lic Fld Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

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

**Transaction ID : 2019073011535-398**

Amount of Each Receipt this Period

31.25

☐ Memo Item

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

**C. De Greve, Norman, , ,**

Mailing Address 1 Cvs Dr

City

Woonsocket

State

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 Marketing Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

**Transaction ID : 2019071514375-462**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

137.50

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