

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

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

FOR LINE NUMBER: PAGE 136 OF 201

(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. Porter, Douglas, , ,

Mailing Address 1 CVS Drive

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, Service Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : 2020052811215-339

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Prince, Maria, , ,

Mailing Address 1 CVS Drive

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)

Sr Dir, Clin Solutions MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208,35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : 2020052811215-504

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Puopolo, Ann Louise, , ,

Mailing Address 1 CVS Drive

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, Enterprise Patient Safety

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : 2020051311215-357

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

558.33

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