

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

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

FOR LINE NUMBER: PAGE 186 OF 270

(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. Prince, Maria, , ,**

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)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2019

**Transaction ID : 2019110112535-556**

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

**B. Puopolo, Ann Louise, , ,**

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : 2019101412575-485**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Puopolo, Ann Louise, , ,**

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : 2019102912335-483**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

241.67