

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

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

FOR LINE NUMBER: PAGE 86 OF 236

(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. Heidenthal, Stephen, , ,

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 Pharmacy Merchandising

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2019

Transaction ID : 201908129535-433

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Heidenthal, Stephen, , ,

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 Pharmacy Merchandising

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : 2019082915335-435

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Helke, Susan, , ,

Mailing Address 4059 Kinross Lakes Pkwy

City

Richfield

State

OH

Zip Code

44286-9080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CVS Health

Occupation (for Individual)

Sr Account Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2019

Transaction ID : 2019082915575-302

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

350.00

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