

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2019

**Transaction ID : 2019111910495-295**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Helle, Joel, , ,**

Mailing Address 9501 E Shea Blvd

City  
Scottsdale

State  
AZ

Zip Code  
85260-6719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS Health

Occupation (for Individual)  
VP Specialty Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2019

**Transaction ID : 201911191115-497**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**C. Helle, Joel, , ,**

Mailing Address 9501 E Shea Blvd

City  
Scottsdale

State  
AZ

Zip Code  
85260-6719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS Health

Occupation (for Individual)  
VP Specialty Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2019

**Transaction ID : 2019120213455-491**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

500.00