

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

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

FOR LINE NUMBER: PAGE 255 OF 323

(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. Walker, Robert, , ,

Mailing Address 151 Farmington Ave
Bldg Rogers

City
Hartford

State
CT

Zip Code
06156-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS Health

Occupation (for Individual)
SVP, CFO Aetna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : 2019111910495-34

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Walsh, Catherine, , ,

Mailing Address 151 Farmington Ave
Bldg Rogers

City
Hartford

State
CT

Zip Code
06156-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS Health

Occupation (for Individual)
Exec Dir, Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : 2019111910495-464

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Wankum, Teresa, , ,

Mailing Address 1425 Union Meeting Rd

City
Blue Bell

State
PA

Zip Code
19422-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS Health

Occupation (for Individual)
VP Clin Svcs & Plat Sol

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : 2019111910495-589

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

550.00

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