

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 217
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Helle, Joel, , ,

Mailing Address 9501 E Shea Blvd

City
ScottsdaleState
AZZip Code
85260-6719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS HealthOccupation (for Individual)
VP Specialty Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2019

Transaction ID : 201906181018-483

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Helle, Joel, , ,

Mailing Address 9501 E Shea Blvd

City
ScottsdaleState
AZZip Code
85260-6719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS HealthOccupation (for Individual)
VP Specialty Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 2019062515575-496

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Herring, Courtney, , ,

Mailing Address 1 Cvs Dr

City
WoonsocketState
RIZip Code
02895-6146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS HealthOccupation (for Individual)
Sr Advisor, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

388.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2019

Transaction ID : 201906181018-384

Amount of Each Receipt this Period

30.15

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

230.15

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