

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

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

FOR LINE NUMBER: PAGE 63 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CVS Health PAC**

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

**A. Price, Francis, , ,**

Mailing Address 200 Campus Dr  
Ste 310

City  
Florham Park

State  
NJ

Zip Code  
07932-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CVS Health

Occupation (for Individual)  
VP, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : 2019040212215-489**

Amount of Each Receipt this Period

83.33

☐ 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : 2019032511536-522**

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : 2019040212215-505**

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)..... ►

283.33