

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Fields, Tracy, , ,**

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)

Director,Client Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2019

**Transaction ID : 2019043011215-391**

Amount of Each Receipt this Period

26.14

☐ Memo Item

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

**B. Finke, Daniel, , ,**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)

EVP Transformtn Prod&amp;Svcs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2019

**Transaction ID : 20190507131818-636**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Finkel, Louis, , ,**

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, Government Affairs State

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2019

**Transaction ID : 2019042211135-505**

Amount of Each Receipt this Period

100.00

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

376.14

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