

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

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

FOR LINE NUMBER: PAGE 121 OF 128
 (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, , ,			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>04 / 19 / 2019</div> </div> Transaction ID : 20190507131818-613	
Mailing Address 151 Farmington Ave Bldg Rogers				
City Hartford	State CT	Zip Code 06156-0001		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) CVS Health		Occupation (for Individual) SVP, CFO Aetna	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wankum, Teresa, , ,			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>04 / 19 / 2019</div> </div> Transaction ID : 20190507131818-646	
Mailing Address 1425 Union Meeting Rd				
City Blue Bell	State PA	Zip Code 19422-1919		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) CVS Health		Occupation (for Individual) VP Clin Svcs & Plat Sol	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Warrington, Justin, , ,			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>04 / 19 / 2019</div> </div> Transaction ID : 20190507131818-645	
Mailing Address 25 Longwood Dr				
City Stratford	State NJ	Zip Code 08084-1917		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) CVS Health		Occupation (for Individual) VP, CFO Commercial Bus	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00		

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

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

750.00