

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

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

FOR LINE NUMBER: PAGE 59 OF 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AbbVie Political Action Committee**

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

**A. Cuff, Carolyn, A, ,**

Mailing Address 1 N Waukegan Rd

City

North Chicago

State

IL

Zip Code

60064-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AbbVie Inc.

Occupation (for Individual)

Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

**Transaction ID : 2019061415175-499**

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**B. Cuff, Carolyn, A, ,**

Mailing Address 1 N Waukegan Rd

City

North Chicago

State

IL

Zip Code

60064-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AbbVie Inc.

Occupation (for Individual)

Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

**Transaction ID : 2019062710336-498**

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**C. Culpepper, Heather, , ,**

Mailing Address 1 N Waukegan Rd

City

North Chicago

State

IL

Zip Code

60064-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AbbVie Inc.

Occupation (for Individual)

Regional Sales Director

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

1039.98

Date of Receipt

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

**Transaction ID : 2019061415175-811**

Amount of Each Receipt this Period

81.30

☐

Memo Item

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

121.30

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