

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

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

FOR LINE NUMBER: PAGE 78 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. Eldred, Ann, Katherine, ,

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)

Sr. Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1092.40

Date of Receipt

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

Transaction ID : 2019061415175-1749

Amount of Each Receipt this Period

110.40

☐ Memo Item

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

B. Eldred, Ann, Katherine, ,

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)

Sr. Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1092.40

Date of Receipt

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

Transaction ID : 2019062710336-1746

Amount of Each Receipt this Period

110.40

☐ Memo Item

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

C. Ellington, James, B, ,

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)

Associate Director, Supply Chain Brand

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

437.72

Date of Receipt

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

Transaction ID : 2019061415175-26

Amount of Each Receipt this Period

34.22

☐ Memo Item

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

255.02

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