

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

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

FOR LINE NUMBER: PAGE 58 OF 154

(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)

WALGREEN CO PAC (WalgreensPAC)

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

A. Haynes, Scott, , Mr.,

Mailing Address 1580 Harriman St

City

Mount Pleasant

State

SC

Zip Code

29466-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALGREEN CO

Occupation (for Individual)

Regional Vice President

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
 10 / 31 / 2019

Transaction ID : AF8E2AFD86BD349B085A

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Heffington, Kayla, , ,

Mailing Address 656 Parkside Ct

City

Libertyville

State

IL

Zip Code

60048-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALGREEN CO

Occupation (for Individual)

Regional Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : A7B04643F398147F68CB

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. Hein, Daniel, , Ind,

Mailing Address 4388 Philnoll Dr

City

Cincinnati

State

OH

Zip Code

45247-5072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALGREEN CO

Occupation (for Individual)

Healthcare Supervisor

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : A63D2A804977D476B83C

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

225.00

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