

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

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

FOR LINE NUMBER: PAGE 72 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. Klarich, Lorie, , Ms.,

Mailing Address 8307 Dines Rd

City  
NoveltyState  
OHZip Code  
44072-9574FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN COOccupation (for Individual)  
Registered Manager Local Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : A212F762BE0E64F67B9B

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Klarich, Lorie, , Ms.,

Mailing Address 8307 Dines Rd

City  
NoveltyState  
OHZip Code  
44072-9574FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN COOccupation (for Individual)  
Registered Manager Local Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : AD77B80FEC9514CA9B21

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Koelz, Tammie, , ,

Mailing Address 15 Eagle Ridge Dr

City  
Hawthorn WoodsState  
ILZip Code  
60047-8442FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN COOccupation (for Individual)  
Healthcare Supervisor with Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : ABBE3DFF38EB24C2CAEF

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

70.00

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