

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

WALGREEN CO PAC (WalgreensPAC)

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

A. Walker, Ryan, , Ind,

Mailing Address 1366 E 27th St

City
TulsaState
OKZip Code
74114-4108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALGREEN CO

Occupation (for Individual)

Healthcare Specialty Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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 : A9787C4BC5A234D0EA8A

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Walmsley, Lorri, , Ind,

Mailing Address 2139 N Nancy Ln

City

Casa Grande

State

AZ

Zip Code

85122-6103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALGREEN CO

Occupation (for Individual)

Manager Sr Pharmacy Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : AEA7B219517114C83AAE

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Ward, James, , ,

Mailing Address 39 Mill Pond Rd

City

Woodland Park

State

NJ

Zip Code

07424-2989

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALGREEN CO

Occupation (for Individual)

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

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 : ABDE0D3870DE14A3E91F

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

300.00

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