

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 199

☒ 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)

AbbVie Political Action Committee

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

A. Ehrlich, Paul, Clifford, ,

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)

Director, Government Affairs Operation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

578.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : 2019040513498-1767

Amount of Each Receipt this Period

73.95

☐ Memo Item

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

B. Ehrlich, Paul, Clifford, ,

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)

Director, Government Affairs Operation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

578.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 201904229375-1752

Amount of Each Receipt this Period

73.95

☐ Memo Item

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

C. 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 ▼

540.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 201904229375-1765

Amount of Each Receipt this Period

110.40

☐ Memo Item

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

258.30

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