

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

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

FOR LINE NUMBER: PAGE 29 OF 110
(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. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.16

Date of Receipt

MM / DD / YYYY
02 / 22 / 2019

Transaction ID : 2019022210215-1786

Amount of Each Receipt this Period

71.79

☐ 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)

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2019

Transaction ID : 201902089174-1802

Amount of Each Receipt this Period

107.50

☐ 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)

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2019

Transaction ID : 2019022210215-1799

Amount of Each Receipt this Period

107.50

☐ Memo Item

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

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

286.79