

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

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

FOR LINE NUMBER: PAGE 320 OF 806

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Abbott Laboratories Employee Political Action Committee

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

A. Horlocker, James, M, ,

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2

City
Abbott Park

State
IL

Zip Code
60064-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABBOTT

Occupation (for Individual)
DISTRICT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 201910162258-1314

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Horlocker, James, M, ,

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2

City
Abbott Park

State
IL

Zip Code
60064-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABBOTT

Occupation (for Individual)
DISTRICT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : 201910300254-1313

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Horn, Mark, E, ,

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2

City
Abbott Park

State
IL

Zip Code
60064-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABBOTT

Occupation (for Individual)
DISTRICT MANAGER PEDIATRIC NUT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 201910162258-1397

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

50.00

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