

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

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

FOR LINE NUMBER: PAGE 103 OF 371

(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. 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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : 2020051514376-80

Amount of Each Receipt this Period

113.98



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)

Sr. Medical Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2020

Transaction ID : 202005298575-79

Amount of Each Receipt this Period

113.98



Memo Item

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

C. Ellington, James, B, ,

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)

Associate Director, Supply Chain Brand

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

381.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2020

Transaction ID : 2020050111375-626

Amount of Each Receipt this Period

35.30



Memo Item

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

263.26

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