

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. HAWKINS III, BEN, , ,

Mailing Address 3954 Royal Pines Dr

City
Orange Park

State
FL

Zip Code
32065-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALGREEN CO

Occupation (for Individual)
District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : A3F38BD94A6764B8F82C

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. HEFFINGTON, KAYLA, , ,

Mailing Address 656 Parkside Ct

City
Libertyville

State
IL

Zip Code
60048-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALGREEN CO

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : A8AA18228D61246768CD

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. Hein, Daniel, , Ind,

Mailing Address 4388 Philnoll Dr

City
Cincinnati

State
OH

Zip Code
45247-5072

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : A896B685052104AAC924

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

250.00