

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

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

FOR LINE NUMBER: PAGE 67 OF 73

(check only one)

☒ 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. Walker, Ryan, , Ind,

Mailing Address 1366 E 27th St

City  
TulsaState  
OKZip Code  
74114-4108FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN COOccupation (for Individual)  
Healthcare Specialty Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : AFAD2659C5904423BA11

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Walmsley, Lorri, , Ind,

Mailing Address 2139 N Nancy Ln

City

Casa Grande

State  
AZZip Code  
85122-6103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN COOccupation (for Individual)  
Manager Sr Pharmacy Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : A27D20B58608B430EAD0

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. WARD, JAMES, , ,

Mailing Address 39 Mill Pond Rd

City

Woodland Park

State  
NJZip Code  
07424-2989FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN COOccupation (for Individual)  
Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : A5F1D88AE1A6440ED8BE

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

300.00

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