

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

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

FOR LINE NUMBER: PAGE 397 OF 482

(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. Smith, Missy, Nichols, ,**

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)  
Acute Care Pharma Specialty Rep III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 201912131016-1387**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Smith, Missy, Nichols, ,**

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)  
Acute Care Pharma Specialty Rep III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : 2019122620376-1384**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Smith, Shawn, C, ,**

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)  
Population Health Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 201912131016-1545**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

409.60