

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

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

FOR LINE NUMBER: PAGE 45 OF 160

(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. Elliott, Christopher, , ,

Mailing Address 2109 Overlook Ct

City
Bel Air

State
MD

Zip Code
21015-6398

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALGREEN CO

Occupation (for Individual)
Director Pharmacy & Retail Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : A389C8199E4C043F3BC1

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Erchinger, Kurt, , ,

Mailing Address 1459 Maidstone Dr

City
Vernon Hills

State
IL

Zip Code
60061-1090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALGREEN CO

Occupation (for Individual)
Director Sr Mobile Omnichannel & Photo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : A70BC5BF74BD84FD8817

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Estep, Rena, , Ind,

Mailing Address 1638 Princess Cir NE

City
Atlanta

State
GA

Zip Code
30345-4160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALGREEN CO

Occupation (for Individual)
Regional Healthcare Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : A414EDA4491874F25898

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)..... ►

125.00