

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

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

FOR LINE NUMBER: PAGE 37 OF 93

(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. 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 ▼

400.00

Date of Receipt

MM / DD / YYYY  
08 / 26 / 2019

**Transaction ID : A780B151ED81F464DAD7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Henning, Timothy, , Ind,**

Mailing Address 5154 Loquat Ct

City

Palm Harbor

State

FL

Zip Code

34685-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN CO

Occupation (for Individual)  
VP Govt & Employer Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
08 / 26 / 2019

**Transaction ID : A7C0B16BDD4DB4F34B15**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. HEWKO, KRISTIN, , ,**

Mailing Address 501 Cahoon Rd

City

Bay Village

State

OH

Zip Code

44140-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALGREEN CO

Occupation (for Individual)  
Salaried Pharmacist (64 hours)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY  
08 / 26 / 2019

**Transaction ID : A8F81E9C326254951A25**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

115.00