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| Clerk of the House of Representatives<br>Legislative Resource Center<br>135 Cannon Building<br>Washington, DC 20515<br><a href="http://lobbyingdisclosure.house.gov">http://lobbyingdisclosure.house.gov</a> | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510<br><a href="http://www.senate.gov/lobby">http://www.senate.gov/lobby</a> |
|--|---|

**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

|  |                                  |  |
|--|----------------------------------|--|
| <b>1. Registrant Name</b>  | Organization/Lobbying Firm       | Self Employed Individual   |
|  | Walgreen Company                 |  |
| <b>2. Address</b>  |                                  |  |
| Address1   | 1399 NEW YORK AVE, NW, SUITE 725 | Address2   |
| City   | WASHINGTON                       | State  |
|  |                                  | DC   |
| Zip Code   | 20005                            | Country  |
|  |                                  | USA  |
| <b>3. Principal place of business (if different than line 2)</b> |                                  |  |
| City   |                                  | State  |
|  |                                  |  |
| Zip Code   |                                  | Country  |
|  |                                  |  |
| <b>4a. Contact Name</b>  | <b>b. Telephone Number</b>       | <b>c. E-mail</b>   |
|  |                                  |  |
|  |                                  | <b>5. Senate ID#</b>   |
|  |                                  | 309071-12  |
| <b>7. Client Name</b>  | <i>Self</i>                      | <i>Check if client is a state or local government or instrumentality</i> |
| Walgreen Company   |                                  |  |
|  |                                  | <b>6. House ID#</b>  |
|  |                                  | 384420000  |

**TYPE OF REPORT**8. Year 2017 Q1 (1/1 - 3/31) Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report

Termination Date \_\_\_\_\_

11. No Lobbying Issue Activity

**INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13****12. Lobbying**

INCOME relating to lobbying activities for this reporting period was:

Less than \$5,000

\$5,000 or more \$ \_\_\_\_\_

Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

**13. Organizations**

EXPENSE relating to lobbying activities for this reporting period were:

Less than \$5,000\$5,000 or more \$ 1,000,000.00**14. REPORTING** Check box to indicate expense accounting method. See instructions for description of options.**Method A.** Reporting amounts using LDA definitions only**Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code**Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Digitally Signed By: G. Joel Baise, Director, Government Relations

Date 4/20/2017  
1:45:07 PM

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code PHA

16. Specific lobbying issues

S. 109 and H.R. 592 - the "Pharmacy and Medically Underserved Areas Enhancement Act," all provisions related to amending the Social Security Act to allow pharmacists to be reimbursed under medicare Part B for services provided to patients in medically underserved communities, consistent with state scope of practice laws.

17. House(s) of Congress and Federal agencies      Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Last Name | Suffix | Covered Official Position (if applicable) | New |
|------------|-----------|--------|---|-----|
| Ed         | Kaleta    |        |   |     |
| Alethia    | Jackson   |        |   |     |
| Katharine  | Troller   |        |   |     |

19. Interest of each foreign entity in the specific issues listed on line 16 above      Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code LBR

16. Specific lobbying issues

Proposed transaction between Walgreens Boots Alliance and Rite Aid; no legislation.

17. House(s) of Congress and Federal agencies      Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Last Name | Suffix | Covered Official Position (if applicable) | New |
|------------|-----------|--------|---|-----|
| Ed         | Kaleta    |        |   |     |
| Alethia    | Jackson   |        |   |     |
| Katharine  | Troller   |        |   |     |

19. Interest of each foreign entity in the specific issues listed on line 16 above      Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code TAX

16. Specific lobbying issues

Issues related to corporate tax reform; no legislation.

17. House(s) of Congress and Federal agencies Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Last Name | Suffix | Covered Official Position (if applicable) | New |
|------------|-----------|--------|---|-----|
| Ed         | Kaleta    |        |   |     |
| Alethia    | Jackson   |        |   |     |
| Katharine  | Troller   |        |   |     |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

22. New General description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

| First Name | Last Name | Suffix | First Name | Last Name | Suffix |
|------------|-----------|--------|------------|-----------|--------|
| 1          |           |        | 3          |           |        |
| 2          |           |        | 4          |           |        |

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Internet Address:

| Name | Address        |                |     |         | Principal Place of Business<br>(city and state or country) |         |
|------|----------------|----------------|-----|---------|--|---------|
|      | Street Address | State/Province | Zip | Country | City   | Country |
|      | City           |                |     |         | State  |         |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1 2 3

**FOREIGN ENTITIES**

27. Add the following foreign entities:

| Name | Address        |                |         | Principal place of business<br>(city and state or country) | Amount of contribution for<br>lobbying activities | Ownership<br>percentage in<br>client |
|------|----------------|----------------|---------|--|---|--------------------------------------|
|      | Street Address | State/Province | Country |  |   |                                      |
|      | City           |                |         | City   |   | %                                    |
|      |                |                |         | State  |   |                                      |
|      |                |                |         | Country  |   |                                      |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

1 2 3 4 5 6