Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 http://www.senate.gov/lobby

LOBBYING REPORT

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

1. Registrant Name Organization/Lobbying Firm Self Employed I Walgreen Company	ndividual	
2. Address Address1 1399 NEW YORK AVE, NW, SUITE 725	Address2	
City WASHINGTON State	<u>DC</u> Zip Code <u>20005</u>	Country <u>USA</u>
3. Principal place of business (if different than line 2)		
City State	Zip Code	Country
4a. Contact Name b. Telephone Nu Mr. G. Joel Baise 8473156829	umber c. E-mail joel.baise@walgreens.com	5. Senate ID# 309071-12
7. Client Name Self Check if client is a state of Walgreen Company	or local government or instrumentality	6. House ID# 384420000
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination		
INCOME OR EXPENSES - YOU 12. Lobbying	MUST complete either Line 12 or Line 13. Organizations	3
INCOME relating to lobbying activities for this reporting period was:	EXPENSE relating to lobbying activities for this rep	orting period were:
<u>Less than \$5,000</u>	<u>Less than \$5,000</u>	
\$5,000 or more \$	\$5,000 or more \$ 1,300,000.00	
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).	14. REPORTING Check box to indicate expense accinstructions for description of options.	counting method. See
	Method A. Reporting amounts using LDA defir	itions only
	Method B. Reporting amounts under section 603 Revenue Code	3(b)(8) of the Internal
	Method C. Reporting amounts under section 162 Revenue Code	2(e) of the Internal
Signature Digitally Signad Day C. Ical Daiga Divestor Covernment D.	lucius p	4/22/2019

Signature

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

Date

10:47:00 AM

15. General issue area code PHA				
16. Specific lobbying issues				
factor reduction and opioid antagon	uist counseling; no legislation.		ledicare Part B for services provided to patients related to opioid r	risk
Issues related to lowering drug pric	es and reducing "Out-of-Pocket" cos	ts to senio	rs; no legislation.	
17. House(s) of Congress and Feder	ral agencies Check if None			
U.S. SENATE, U.S. HOUSE OF R	EPRESENTATIVES, Centers For M	edicare ar	d Medicaid Services (CMS)	
18. Name of each individual who ad	cted as a lobbyist in this issue area			
First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			
Alethia	Jackson			
Katharine	Bond			
19. Interest of each foreign entity in	the specific issues listed on line 16	above 🗹	Check if None	

client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

client during the reporting period.	Using a separate page for each c	ode, provide inf	formation as requested.	Add additional page(s) as need	eded.	
15. General issue area code CSP						
16. Specific lobbying issues						
Issues related to data privacy and	HIPAA modernization; no legisl	ation.				
17. House(s) of Congress and Fed	eral agencies Check if None	2				
U.S. SENATE, U.S. HOUSE OF	REPRESENTATIVES					
18. Name of each individual who	acted as a lobbyist in this issue a	rea				
First Name	Last Name	Suffix	Covered O	fficial Position (if applicable)	Ne	·W
Ed	Kaleta					
Alethia	Jackson					
Katharine	Bond					
19. Interest of each foreign entity	in the specific issues listed on lin		Check if None			
Information Update Page - Com	plete ONLY where registration	n information h	as changed.			
20. Client new address						
Address						
City		Sta	ite	Zip Code	Country	
21. Client new principal place of b	pusiness (if different than line 20)				
City		Sta	ite	Zip Code	Country	
22. New General description of cl	ient's business or activities					
LOBBYIST UPDATE						
23. Name of each previously repo	rted individual who is no longer	expected to act a	as a lobbyist for the clie	ent		
First Name La	ast Name	Suffix	First Name	Last Name	Suffi	ix
1		[3]				
						—
2		4				_
ISSUE UPDATE						
24. General lobbying issue that no	longer pertains					
] [
AFFILIATED ORGAN	IZATIONS					
25. Add the following affiliated or	rganization(s)					
Internet Address:						

Name	Ad Street Address City State/Pr	ldress		Principal Place of Bu (city and state or cou	
			City State	Country	y
26. Name of each previously reported of	organization that is no longer affiliated	d with the registrant or client			
1	2	3			
FOREIGN ENTITIES					
27. Add the following foreign entities:					
Name	Address Street Address City State/Province Country	Principal place of busines (city and state or country)		Amount of contribution for lobbying activities	Ownership percentage in client
		City State Country			%
28. Name of each previously reported f	foreign entity that no longer owns, or	controls, or is affiliated with the r	egistrant	, client or affiliated or	rganization
2	<u>3</u>	<u>5</u>			
CONVICTIONS DISCLOS	SURE				
29. Have any of the lobbyists listed on illegal kickback, tax evasion, fraud, a c No Yes				ribery, extortion, embo	ezzlement, an
Lobbyist Name		Description of O	offense(s))	

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LOBBYING REPORT

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

 Registrant Name Organization/Lobbying Firm Self Employed I Walgreen Company 	ndividual	_
2. Address Address 1 1399 NEW YORK AVE, NW, SUITE 725	Address2	
City WASHINGTON State	DC Zip Code 20005	Country USA
3. Principal place of business (if different than line 2)		
City State	Zip Code	Country
4a. Contact Name b. Telephone Nu Mr. G. Joel Baise 8473156829	ımber c. E-mail joel.baise@walgreens.com	5. Senate ID# 309071-12
7. Client Name Self Check if client is a state of Walgreen Company	or local government or instrumentality	6. House ID# 384420000
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report INCOME OR EXPENSES - YOU		
12. Lobbying	13. Organizations	,
INCOME relating to lobbying activities for this reporting period was:	EXPENSE relating to lobbying activities for this repo	orting period were:
<u>Less than \$5,000</u>	<u>Less than \$5,000</u>	
\$5,000 or more \$	\$5,000 or more \$\int \text{630,000.00}\$	
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).	14. REPORTING Check box to indicate expense accinstructions for description of options.	counting method. See
	Method A. Reporting amounts using LDA defin	itions only
	Method B. Reporting amounts under section 603 Revenue Code	3(b)(8) of the Internal
	Method C. Reporting amounts under section 162 Revenue Code	(e) of the Internal
Signature Digitally Signed Dyr G. Ical Daige Director Covernment Dr	plations D.	7/22/2019

Signature

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

Date

12:16:04 PM

15. General issue area c	ode PHA			
16. Specific lobbying is	sues			
	ecurity Act to allow pharmacists to lioid antagonist counseling; no legisl		are Part B for services provided to patients related to o	opioid risk
H.R. 1034 and S.B. 640	(the Phair Pricing Act); provisions	related to lowering drug pr	ices and reducing "Out-of-Pocket" costs to seniors.	
17. House(s) of Congre	ss and Federal agencies Check	if None		
U.S. SENATE, U.S. HO	OUSE OF REPRESENTATIVES, C	enters For Medicare and Mo	edicaid Services (CMS)	
18. Name of each indivi	idual 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	Bond			
19. Interest of each fore	ign entity in the specific issues liste	d on line 16 above 🕜 Cho	eck if None	

client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

client during the reporting period	. Using a separate page for e	each code, provide informa	tion as requested. Add additional page(s) as	needed.
15. General issue area code CSP				
16. Specific lobbying issues				
Issues related to data privacy and	HIPAA modernization; no l	legislation.		
17. House(s) of Congress and Fed	deral agencies Check if	None		
U.S. SENATE, U.S. HOUSE OF	REPRESENTATIVES			
18. Name of each individual who	acted as a lobbyist in this is	sue area		
First Name	Last Name	Suffix	Covered Official Position (if applica	ble) New
Ed	Kaleta			
Alethia	Jackson			
Katharine	Bond			
Information Update Page - Cor	nplete ONLY where registi	ration information has ch	anged.	
20. Client new address				
Address				
City		State	Zip Code	Country
21. Client new principal place of	business (if different than lin	ne 20)		
City		State	Zip Code	Country
22. New General description of c	lient's business or activities			
LOBBYIST UPDATE				
23. Name of each previously repo	orted individual who is no lo	nger expected to act as a lo	obbyist for the client	
First Name	ast Name	Suffix First 1	Name Last Name	Suffix
1		[3]		
		4		
ISSUE UPDATE				
24. General lobbying issue that n	o longer pertains			
AFFILIATED ORGAN	IIZATIONS			
25. Add the following affiliated of	organization(s)			
Internet Address:				

Name	Street Ac		Address e/Province Z	Zip	Country		Principal Place of Bu (city and state or con	
						City State	Countr	у
26. Name of each previously repo	orted organization that is	s no longer affili	ated with the re	gistra	nt or client			
1	2				3			
FOREIGN ENTITIES								
27. Add the following foreign ent	ities:							
Name	Street Address	ddress rovince Cour	(city		place of busing state or countr		Amount of contribution for lobbying activities	Ownership percentage in client
			City State		Country			%
28. Name of each previously repo	orted foreign entity that	no longer owns,	or controls, or	is affi	liated with the	registra	nt, client or affiliated o	rganization
1 2	<u>3</u>				5			
CONVICTIONS DISCI	LOSURE							
29. Have any of the lobbyists liste illegal kickback, tax evasion, frau No Yes							bribery, extortion, emb	ezzlement, an
Lobbyist Na	me			Ι	Description of	Offense((s)	

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 http://www.senate.gov/lobby

LOBBYING REPORT

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1. Registrant Name Organization/Lobbying Firm Self En Walgreen Company	mployed Individual
2. Address Address1 1399 NEW YORK AVE, NW, SUITE 725	Address2
City WASHINGTON State	$\underline{\text{DC}}$ Zip Code $\underline{20005}$ Country $\underline{\text{USA}}$
3. Principal place of business (if different than line 2) City State	Zip Code Country
4a. Contact Name b. Telephone Mr. G. Joel Baise 8473156829	c. E-mail 5. Senate ID# 309071-12
7. Client Name Self Check if client is a state Walgreen Company	te or local government or instrumentality 6. House ID# 384420000
9. Check if this filing amends a previously filed version of this repo	731) Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31) rt 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	13. Organizations EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000
\$5,000 or more \$	\$5,000 or more \$620,000.00
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).	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
	Internal Revenue Code 10/21/2019

Signature

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

Date

10/21/2019 3:30:51 PM

lobbying on behalf of additional page(s) as a		period. Úsing a separat	e page for each code, provide information as requ	iested. Add
15. General issue area	code PHA			
16. Specific lobbying	issues			
H.R. 1034 and S.B. 6 seniors.	40 (the Phair Pricing Act); prov	isions related to lower	ing drug prices and reducing "Out-of-Pocket" cos	sts to
17. House(s) of Cong	ress and Federal agencies 🗌 C	Check if None		
U.S. SENATE, U.S. I	HOUSE OF REPRESENTATIV	ES, Centers For Medi	care and Medicaid Services (CMS)	
18. Name of each ind	ividual who acted as a lobbyist i	n this issue area		
First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			
Alethia	Jackson			
Katharine	Bond			
19. Interest of each fo	reign entity in the specific issue	s listed on line 16 abo	ve Check if None	

additional page(s) as needed. 15. General issue area code CSP 16. Specific lobbying issues Issues related to data privacy and HIPAA modernization; 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 Covered Official Position (if applicable) First Name Last Name New Ed Kaleta Jackson Alethia Katharine Bond 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 Last Name Suffix First Name Last Name Suffix First Name Katharine Bond **ISSUE UPDATE** 24. General lobbying issue that no longer pertains

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address: Address Principal Place of Business Street Address Name (city and state or country) City State/Province Zip Country City State Country 26. Name of each previously reported organization that is no longer affiliated with the registrant or client 1 3 **FOREIGN ENTITIES** 27. Add the following foreign entities: Address Amount of Ownership Principal place of business Street Address contribution for Name percentage (city and state or country) lobbying activities in client State/Province Country 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 **CONVICTIONS DISCLOSURE** 29. Have any of the lobbyists listed on this report been convicted in a Federal or State Court of an offense involving bribery, extortion, embezzlement, an illegal kickback, tax evasion, fraud, a conflict of interest, making a false statement, perjury, or money laundering? ✓ No ☐ Yes Lobbyist Name Description of Offense(s)

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7. Client Name Self Check if client is a state Walgreen Company	te or local government or instrumentality 6. House ID# 384420000
TYPE OF REPORT 8. Year 2019 Q1 (1/1 - 3 \Box 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report \Box Termination I	ort 🗌
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	13. Organizations EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000
\$5,000 or more \$	\$5,000 or more \$510,000.00
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).	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
Street in Distall Street Distall Dista	1/20/2020

Signature

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

Date

1/20/2020 2:25:42 PM 15. General issue area code PHA 16. Specific lobbying issues H.R. 1034 and S.B. 640 (the Phair Pricing Act); provisions related to lowering drug prices and reducing "Out-of-Pocket" costs to seniors. S.B. 2543 (Prescription Drug Pricing Reduction Act of 2019) provisions related to lowering drug prices and reducing "Out-of-Pocket" costs to seniors. H.R. 3 (The Elijah E. Cummings Lower Drug Costs Now Act) provisions related to lowering drug prices and reducing "Out-of-Pocket" costs to seniors. 17. House(s) of Congress and Federal agencies Check if None U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Centers For Medicare and Medicaid Services (CMS) 18. Name of each individual who acted as a lobbyist in this issue area Covered Official Position (if applicable) First Name Last Name Kaleta Ed Alethia Jackson Information Update Page - Complete ONLY where registration information has changed. 20. Client new address Address 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 Last Name Suffix First Name Suffix ______3

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.

24. General lobbying issue that r	no longer pertains			
AFFILIATED ORGAN	NIZATIONS			
25. Add the following affiliated	organization(s)			
Internet Address:				
Name	Street Address	Province Zip Country	Principal Place of E (city and state or co	
			State Coun	try
26. Name of each previously rep	orted organization that is no longe	er affiliated with the registran	nt or client	
1	2	3		
FOREIGN ENTITIES 27. Add the following foreign er				T
Name	Address Street Address City State/Province Country	Principal place of busin (city and state or count		Ownership percentage in client
		City State Country		9/
28. Name of each previously repatifiliated organization	orted foreign entity that no longer	owns, or controls, or is affili	iated with the registrant, cli	ent or
1 2	<u>3</u>	<u>5</u>		
CONVICTIONS DISC	LOSURE			
	ted on this report been convicted i ck, tax evasion, fraud, a conflict o			
Lobbyist Name	;	Description of	Offense(s)	