

Clerk of the House of Representatives Legislative Resource Center 135 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 http://www.senate.gov/lobby
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LOBBYING REPORT

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

1. Registrant Name <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual Walgreen Company			
2. Address Address1 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 Mr. G. Joel Baise	b. Telephone Number 8473156829	c. E-mail joel.baise@walgreens.com	5. Senate ID# 309071-12
7. Client Name <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality Walgreen Company			6. House ID# 384420000

TYPE OF REPORT 8. Year 2019 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 <input type="checkbox"/> \$5,000 or more <input type="checkbox"/> \$ _____ 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 <input type="checkbox"/> \$5,000 or more <input checked="" type="checkbox"/> \$ 1,300,000.00 14. REPORTING Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

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

Date 4/22/2019 10:47:00 AM

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

Amending the Social Security Act to allow pharmacists to be reimbursed under Medicare Part B for services provided to patients related to opioid risk factor reduction and opioid antagonist counseling; no legislation.
Issues related to lowering drug prices and reducing "Out-of-Pocket" costs to seniors; no legislation.

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

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Katharine	Bond			<input type="checkbox"/>

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 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

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Katharine	Bond			<input type="checkbox"/>

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 (city and state or country)	
	Street Address				City	Country
	City	State/Province	Zip	Country	State	Country

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 (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address					
	City	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

1 **3** **5**
2 **4** **6**

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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3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ Country _____			
4a. Contact Name Mr. <u>G. Joel Baise</u>	b. Telephone Number <u>8473156829</u>	c. E-mail <u>joel.baise@walgreens.com</u>	5. Senate ID# <u>309071-12</u>
7. Client Name <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality <u>Walgreen Company</u>			6. House ID# <u>384420000</u>

TYPE OF REPORT 8. Year 2019 Q1 (1/1 - 3/31) Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31)

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

Date 7/22/2019
12:16:04 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

Amending the Social Security Act to allow pharmacists to be reimbursed under Medicare Part B for services provided to patients related to opioid risk factor reduction and opioid antagonist counseling; no legislation.

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.

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

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Katharine	Bond			<input type="checkbox"/>

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

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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 (city and state or country)	
	Street Address				City	Country
	City	State/Province	Zip	Country	State	Country

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 (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address					
	City	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

1 **3** **5**
2 **4** **6**

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 <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality <u>Walgreen Company</u>			6. House ID# <u>384420000</u>

TYPE OF REPORT

8. Year 2019 Q1 (1/1 - 3/31) Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31)

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

Date 10/21/2019
3:30:51 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

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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)		
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26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
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1	3	5
2	4	6

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No Yes

Lobbyist Name	Description of Offense(s)
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INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying	13. Organizations
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Signature Digitally Signed By: G. Joel Baise, Director, Government Relations

Date 1/20/2020
2:25:42 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

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

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>

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

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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

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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

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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)	
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Lobbyist Name	Description of Offense(s)
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