

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>

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 2022 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	13. Organizations
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).	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"/> \$ <u>480,000.00</u> 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 4/20/2022
11:19:54 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

Issues related to pharmacy provider status. H.R. 3554 / S. 1909, issues related to direct and indirect remuneration fees in Medicare.
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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"/>
Samantha	Elleson			<input checked="" type="checkbox"/>
Katie	Smith			<input checked="" 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

S. 936/H.R. 5502: INFORM Consumers Act; provisions related to online marketplace transparency.
 Issues related to organized retail crime.

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"/>
Samantha	Elleson			<input checked="" type="checkbox"/>
Katie	Smith			<input checked="" 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	State/Province	Zip	Country	City	Country
					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 (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address					
	City	State/Province	Country	City		%
				State		

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)

Clerk of the House of Representatives
Legislative Resource Center
135 Cannon Building
Washington, DC 20515
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate
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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 <u>1399 NEW YORK AVE, NW, SUITE 725</u> Address2 _____ City <u>WASHINGTON</u> 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 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 Walgreen Company	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality		6. House ID# <u>384420000</u>

TYPE OF REPORT 8. Year 2022 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	13. Organizations
INCOME relating to lobbying activities for this reporting period was: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input type="checkbox"/> \$ _____	EXPENSE relating to lobbying activities for this reporting period were: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input checked="" type="checkbox"/> \$ <u>430,000.00</u>
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. <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 _____

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

Issues related to pharmacy provider status. H.R. 3554 / S. 1909; issues related to direct and indirect remuneration fees in Medicare. H.R. 7213 Equitable Community Access to Pharmacist Services Act; issues related to access to pharmacist services.

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
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>
Katie	Smith			<input checked="" 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

S. 936/H.R. 5502: INFORM Consumers Act; provisions related to online marketplace transparency.

Issues related to organized retail crime.

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

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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
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>
Katie	Smith			<input checked="" 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
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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	State/Province	Zip	Country	
	City				

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

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	State/Province	Country			
	City					

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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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 2022 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 10/20/2022
1:31:42 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

Issues related to pharmacy provider status.
H.R. 7213 Equitable Community Access to Pharmacist Services Act; issues related to access to pharmacist services.

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
Alethia	Jackson			<input type="checkbox"/>
Katie	Smith			<input checked="" type="checkbox"/>
Madeline	Hodge			<input type="checkbox"/>

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

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	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 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			
				City		%
				State		

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

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 Walgreen Company			6. House ID# <u>384420000</u>

TYPE OF REPORT 8. Year 2022 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
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INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13	
<p align="center">12. Lobbying</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input type="checkbox"/> \$ _____</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSE relating to lobbying activities for this reporting period were:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input checked="" type="checkbox"/> \$ <u>420,000.00</u></p> <p>14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Digitally Signed By: G. Joel Baise, Director, Government Relations **Date** 1/20/2023 4:42:15 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

<p>Issues related to pharmacy provider status.</p> <p>H.R. 7213 Equitable Community Access to Pharmacist Services Act; issues related to access to pharmacist services.</p> <p>H.R. 7845 NIH Clinical Trial Diversity Act of 2022; issues related to access to pharmacist services.</p>

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
Katie	Smith			<input checked="" type="checkbox"/>
Madeline	Hodge			<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

S. 936/H.R. 5502: INFORM Consumers Act; provisions related to online marketplace transparency.
Issues related to organized retail crime.

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
Katie	Smith			<input checked="" type="checkbox"/>
Madeline	Hodge			<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)