| Image# 2793038 | 37182 |
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| FEC<br>FORM 1                   | STATEMENT OF<br>ORGANIZATION<br>(See instructions)   | Office use only        |
|---------------------------------|--|------------------------|
| 1. NAME OF<br>COMMITTEE (in f   | ull) (Check if name Example: If typying, type over the lines   | 12FE4M5                |
| PharMerica Inc                  | 2. Political Action Committee (PPAC)   |                        |
| ADDRESS (number and s           |  |                        |
| (Check if addre<br>is changed)  | ess <b>Tampa</b>   |                        |
|                                 | CITY   | STATE ZIP CODE         |
| COMMITTEE'S E-MAI               |  |                        |
|                                 |  |                        |
| COMMITTEE'S WEB                 | PAGE ADDRESS (URL)   | <u>····</u>            |
|                                 |  |                        |
|                                 |  |                        |
| COMMITTEE'S FAX N<br>8133186516 |  |                        |
| 2. DATE 03                      | 28 2007  |                        |
| 3. FEC IDENTIFICA               | TION NUMBER C C00397455  |                        |
| 4. IS THIS STATEM               | ENT NEW (N) OR X AMENDED (A)   |                        |
| I certify that I have examin    | ned this Statement and to the best of my knowledge and belief it is true, correct and  | d complete             |
| Type or Print Name of           | Treasurer Dan Dearborn   |                        |
| Signature of Treasurer          | Electronically Filed by Dan Dearborn   | Date 03 / 28 / Y Y Y Y |
| NOTE: Submission of fal         | se, erroneous, or incomplete information may subject the person signing this State<br>ANY CHANGE IN INFORMATION SHOULD BE REPORTED W |                        |

| Use Fe<br>Only To | Fector     Fector       rederal Election Commission     Fector       roll Free 800-424-9530     (Revised 02/2003)       roll 22-694-1100     (Revised 02/2003) |
|-------------------|--|
|-------------------|--|

| FEOForm 1 (Revised 02/2003)  | Page <b>2</b>                           |
|--|---|
| 5. TYPE OF COMMITTEE (Check One)   |   |
| <ul> <li>(a) This committee is a principal campaign committee. (Complete the candidate information below.)</li> <li>This committee is an authorized committee, and is NOT a principal campaign committee information below.)</li> </ul>                          |   |
| Name of<br>Candidate   |   |
| Candidate Office<br>Party Affiliation Sought: House Senate   | State President District                |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized cor   | nmittee.                                |
| Name of Candidate  |   |
| <ul> <li>(d) This committee is a (National, State (or subordinate) committee of the</li> <li>(e) This committee is a separate segregated fund</li> <li>(f) This committee supports/opposes more than one Federal candidate, and is NOT a s committee.</li> </ul> | (Democratic,<br>Republican,etc.) Party. |
| 6. Name of Any Connected Organization or Affiliated Committee  |   |
|  |   |
| Mailing Address  |   |
| Tampa  | FL     , , 33619   _   , , ,            |
| CITY ST  |   |
| Connected Organization   |   |
| Type of Connected Organization:  |   |
| X Corporation Corporation w/o Capital Stock  | Labor Organization                      |
| Membership Organization Trade Association  | Cooperative                             |

| FEC Form 1 (Revise  |   |                            | Page <b>3</b> |
|---|---|----------------------------|---------------|
| /rite or Type Committee Nar   |   |                            |               |
|   | tical Action Committee (PPAC)   | optional) and position of  | the person in |
|   | Identify by name, address, (phone number<br>tee books and records.                    | optional), and position of | the person in |
| Full Name   | • Dearborn  |                            |               |
| Mailing Address   | 3625 Queen Palm Drive   |                            |               |
|   | Татра   | FL                         | 33619 _       |
| Title or Position ♥   | CITY A  | STATE                      | ZIP CODE      |
| Treasu  | rer   | 813 Telephone number       |               |
| name and address of   | me and address (phone number optional<br>any designated agent (e.g., assistant treasu | rer).                      |               |
| name and address of a   | any designated agent (e.g., assistant treasu<br>Dearborn<br>3625 Queen Palm Drive     | rer).                      |               |
| name and address of a<br>Full Name<br>of TreasurerDan   | any designated agent (e.g., assistant treasu  | rer).<br><b>FL_</b>        | <u>33619</u>  |
| name and address of a<br>Full Name<br>of TreasurerDan   | any designated agent (e.g., assistant treasu<br><b>Dearborn</b> 3625 Queen Palm Drive |                            |               |
| name and address of a<br>Full Name<br>of Treasurer <b>Dan</b><br>Mailing Address                                      | any designated agent (e.g., assistant treasu<br><b>Dearborn</b> 3625 Queen Palm Drive |                            |               |
| name and address of a<br>Full Name<br>of Treasurer <b>Dan</b><br>Mailing Address<br>Title or Position ♥               | any designated agent (e.g., assistant treasu<br><b>Dearborn</b> 3625 Queen Palm Drive |                            | ZIP CODE 🛦    |
| name and address of a Full Name of Treasurer Mailing Address Title or Position ♥ Full Name of Designated              | any designated agent (e.g., assistant treasu<br><b>Dearborn</b> 3625 Queen Palm Drive |                            | ZIP CODE      |
| name and address of a Full Name of Treasurer Mailing Address Title or Position ♥ Treasu Full Name of Designated Agent | any designated agent (e.g., assistant treasu<br><b>Dearborn</b> 3625 Queen Palm Drive |                            | ZIP CODE      |
| name and address of a Full Name of Treasurer Mailing Address Title or Position ♥ Treasu Full Name of Designated Agent | any designated agent (e.g., assistant treasu<br><b>Dearborn</b> 3625 Queen Palm Drive |                            | ZIP CODE      |

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|                              |        |

 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.

|                 | Bank of America |                    |
|-----------------|-----------------|--------------------|
| Mailing Address | PO Box 25118    |                    |
|                 |                 |                    |
|                 | <b>⊺ampa</b>    | FL 33622 -         |
|                 |                 | STATE 🗠 ZIP CODE 🛆 |

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|---|---|------------|--------------------------------|
| Banks or Other Depositorie<br>safety deposit boxes or maint<br>Name of Bank, Depository, et | ains funds.                                     | -          | s accounts, rents ADDITIONAL ] |
|   |   |            |                                |
| Mailing Address   |   |            |                                |
|   |   |            |                                |
|   |   |            |                                |
|   | CITY A  | STATE 🛆    | ZIP CODE 🛆                     |
|   |   |            |                                |
|   | Organization or Affiliated Committee            |            | ADDITIONAL ]                   |
| AmerisourceBergen Co  | prporation Political Action Committee (ABC PAC) |            |                                |
|   |   |            |                                |
| Mailing Address   | 1300 Morris Drive                               |            |                                |
|   | Suite 100                                       |            |                                |
|   | Chesterbrook                                    |            | 19355                          |
|   | CITY  | STATE 🛦    | ZIP CODE 🛦                     |
| Relationship  | ated Political Committee                        |            |                                |
| Type of Connected Organiza  | ition:  |            |                                |
| Corporation   | Corporation w/o Capital Stock                   | Labor Org  | anization                      |
| Membership Organ  | ization Trade Association                       | Cooperativ | /e                             |

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| Designated Agent    |          | [ ADDITIONAL ] |
|---------------------|----------|----------------|
| Full Name           |          |                |
| Mailing Address     |          |                |
|                     |          |                |
|                     |          |                |
| Title or Position ▼ |          | STATE ZIP CODE |
|                     | Telephon | e number       |
|                     |          |                |