

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

AmerisourceBergen Corporation Political Action Committee (ABC PAC)

ADDRESS (number and street)

1300 Morris Drive

(Check if address is changed)

Suite 100

Chesterbrook

PA

19355

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

rnorton@amerisourcebergen.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

08 / 09 / 2007

3. FEC IDENTIFICATION NUMBER

C C00400929

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

John G. Chou

Signature of Treasurer

Electronically Filed by John G. Chou

Date

08 / 09 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

AmerisourceBergen Corporation

Mailing Address **1300 Morris Drive**
Suite 100
Chesterbrook **PA** **19355**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Organization** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

AmerisourceBergen Corporation Political Action Committee (ABC PAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Rita Norton**

Mailing Address **1666 K St NW**
Suite 500
Washington DC 20006

Title or Position ▼ **Assistant Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20006**

Telephone number **202 778 2154**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **John G. Chou**

Mailing Address **1300 Morris Drive**
Chesterbrook PA 19355

Title or Position ▼ **Treasurer** CITY ▲ **Chesterbrook** STATE ▲ **PA** ZIP CODE ▲ **19355**

Telephone number **610 727 7458**

Full Name of Designated Agent **Rita Norton**

Mailing Address **1666 K St NW**
Suite 500
Washington DC 20006

Title or Position ▼ **Assistant Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20006**

Telephone number **202 778 2154**

9. **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.

Wachovia

Mailing Address

500 Chesterbrook Blvd.

Wayne

PA

19087

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[ADDITIONAL]

Full Name **James Rizol**

Mailing Address **1300 Morris Drive**

Suite 200

Chesterbrook PA 19087

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **610 727 7451**