

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 293

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AmerisourceBergen Corporation Political Action Committee (ABC PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bennett, Bruce, , ,

Mailing Address 927 Pinnacle Club Dr

City  
Grove City

State  
OH

Zip Code  
43123-2584

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amerisource Health Services, LLC

Occupation (for Individual)  
President - AHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2019

Transaction ID : 2019050214575-85

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bennett, Bruce, , ,

Mailing Address 927 Pinnacle Club Dr

City  
Grove City

State  
OH

Zip Code  
43123-2584

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amerisource Health Services, LLC

Occupation (for Individual)  
President - AHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2019

Transaction ID : 2019051518534-85

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bennett, Bruce, , ,

Mailing Address 927 Pinnacle Club Dr

City  
Grove City

State  
OH

Zip Code  
43123-2584

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amerisource Health Services, LLC

Occupation (for Individual)  
President - AHP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : 2019052918535-86

Amount of Each Receipt this Period

115.38

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

346.14

TOTAL This Period (last page this line number only).....▶