

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 136 OF 285

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Kody**

Mailing Address 21 Sheeder Mill Rd

City

Spring City

State

PA

Zip Code

19475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AmerisourceBergen Services Corporation

Occupation

SVP - Strategy and Business Developmen

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : 20151007-285-18-37**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Michael Kody**

Mailing Address 21 Sheeder Mill Rd

City

Spring City

State

PA

Zip Code

19475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AmerisourceBergen Services Corporation

Occupation

SVP - Strategy and Business Developmen

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : 20151021-292-18-37**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael Koerner**

Mailing Address 826 Landau Court

City

Camp Hill

State

PA

Zip Code

17011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

International Physician Networks LLC

Occupation

Consultant - Clinical Practice

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : 20151007-249-18-37**

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

423.10

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