

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Esperanza Neu**

Mailing Address 1140 Queens Rangers Ln

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AmerisourceBergen Services Corporation

Occupation

VP - Workplace Services, Diversity and

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2538.36

Date of Receipt

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

**Transaction ID : 20151007-92-18-37**

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

**B. Esperanza Neu**

Mailing Address 1140 Queens Rangers Ln

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AmerisourceBergen Services Corporation

Occupation

VP - Workplace Services, Diversity and

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2538.36

Date of Receipt

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

**Transaction ID : 20151021-93-18-37**

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

**C. James Nielson,-III**

Mailing Address 8002 NE Hwy 99

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AmerisourceBergen Drug Corporation

Occupation

Sales Executive, CSP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

**Transaction ID : 20151007-90-18-37**

Amount of Each Receipt this Period

20.00

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

250.76

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