

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

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

FOR LINE NUMBER: PAGE 79 OF 174

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 State Zip Code
 Spring City PA 19475

FEC ID number of contributing federal political committee.

C

Name of Employer

AmerisourceBergen Services Corporation

Occupation

SVP - Finance, Operations and Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : 20150422-266-18-22

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Michael Koerner

Mailing Address 826 Landau Court

City State Zip Code
 Camp Hill PA 17011

FEC ID number of contributing federal political committee.

C

Name of Employer

International Physician Networks LLC

Occupation

Consultant - Clinical Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 20150408-233-19-52

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

C. Michael Koerner

Mailing Address 826 Landau Court

City State Zip Code
 Camp Hill PA 17011

FEC ID number of contributing federal political committee.

C

Name of Employer

International Physician Networks LLC

Occupation

Consultant - Clinical Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : 20150422-233-18-22

Amount of Each Receipt this Period

38.50

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

269.30

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