

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

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

FOR LINE NUMBER: PAGE 258 OF 413

(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. Nichols, Mark, , ,

Mailing Address 122 Shoemaker Ln

City
Vandalia

State
OH

Zip Code
45377-8758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmerisourceBergen Drug Corporation

Occupation (for Individual)
Director - HR Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 01 / 2019

Transaction ID : 201911071294-595

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Nichols, Mark, , ,

Mailing Address 122 Shoemaker Ln

City
Vandalia

State
OH

Zip Code
45377-8758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmerisourceBergen Drug Corporation

Occupation (for Individual)
Director - HR Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 15 / 2019

Transaction ID : 20191113185716-601

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Nichols, Mark, , ,

Mailing Address 122 Shoemaker Ln

City
Vandalia

State
OH

Zip Code
45377-8758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmerisourceBergen Drug Corporation

Occupation (for Individual)
Director - HR Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 29 / 2019

Transaction ID : 2019112718574-602

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00