

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

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

FOR LINE NUMBER: PAGE 16 OF 181

(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 ▼

661.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2020

Transaction ID : 202004011914-91

Amount of Each Receipt this Period

50.00

☐ 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 ▼

661.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2020

Transaction ID : 2020041519174-91

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Berggren, Kent, L, ,

Mailing Address 2411 W Miller Pl

City
Nampa

State
ID

Zip Code
83686-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MWI Veterinary Supply Company

Occupation (for Individual)
VP - Strategic Accounts - MWI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2020

Transaction ID : 202004011914-569

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

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

215.38