

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)

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☒ 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. Kody, Michael, , ,

Mailing Address 1648 Powderhorn Drive

City
Newtown

State
PA

Zip Code
18940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AmerisourceBergen Services Corporation

Occupation (for Individual)

SVP - Strategy and Business Developm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160908-288-7-45

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

B. Kody, Michael, , ,

Mailing Address 1648 Powderhorn Drive

City
Newtown

State
PA

Zip Code
18940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AmerisourceBergen Services Corporation

Occupation (for Individual)

SVP - Strategy and Business Developm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160921-287-20-5

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

C. Koerner, Michael, , ,

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 (for Individual)

International Physician Networks LLC

Occupation (for Individual)

Consultant - Clinical Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

731.50

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160908-249-7-45

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

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

423.10