

**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)

**Exelon Corporation Political Action Committee (Exelon PAC)**

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

**A. McKeown, Dusty, , ,**

Mailing Address 60 REMINGTON WAY

City  
WEST GROVEState  
PAZip Code  
19390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Exelon Corp

Occupation (for Individual)

Plant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

**Transaction ID : PR75449645587**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

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

**B. Hutton, Jeffrey, , ,**

Mailing Address 315 OVERLOOK LN

City  
CONSHOHOCKENState  
PAZip Code  
19428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Exelon Corp

Occupation (for Individual)

Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.92

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

**Transaction ID : PR75449945587**

Amount of Each Receipt this Period

21.66

☐ Memo Item

P/R Deduction (\$10.83 Semi-Monthly)

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

**C. Bergman, William, , ,**

Mailing Address 131 FAIRWAY LN

City  
WHEATONState  
ILZip Code  
60189FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Exelon Corp

Occupation (for Individual)

VP Health and Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3183.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2019					

**Transaction ID : PR75450645587**

Amount of Each Receipt this Period

265.30

☐ Memo Item

P/R Deduction (\$135.31 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

386.96