

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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)

AmerisourceBergen Corporation Political Action Committee (ABC PAC)

Full Name (Last, First, Middle Initial)

A. Esperanza Neu

Mailing Address 1140 Queens Rangers Ln

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmerisourceBergen Services Corporation

Occupation

VP - Workplace Services, Diversity and

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2922.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 20151118-95-18-37

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. James Nielson,-III

Mailing Address 8002 NE Hwy 99

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmerisourceBergen Drug Corporation

Occupation

Sales Executive, CSP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 20151104-93-18-37

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. James Nielson,-III

Mailing Address 8002 NE Hwy 99

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmerisourceBergen Drug Corporation

Occupation

Sales Executive, CSP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 20151118-93-18-37

Amount of Each Receipt this Period

20.00

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

232.30

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