

# **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. 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 ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2019

**Transaction ID : 2019030618574-86**

Amount of Each Receipt this Period

115.38

☐ 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 ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2019

**Transaction ID : 2019032018535-86**

Amount of Each Receipt this Period

115.38

☐ 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 ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2019

**Transaction ID : 2019032018535-580**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

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

269.22