

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 188
(check only one)

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

A. McIntyre, Margaret, , ,

Mailing Address 4601 Murrayhill Rd

City
CharlotteState
NCZip Code
28209-2827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lash Group, LLCOccupation (for Individual)
Service Line Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2019

Transaction ID : 201904031915-456

Amount of Each Receipt this Period

28.80

☐ Memo Item

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

B. McIntyre, Margaret, , ,

Mailing Address 4601 Murrayhill Rd

City
CharlotteState
NCZip Code
28209-2827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lash Group, LLCOccupation (for Individual)
Service Line Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2019

Transaction ID : 2019041719535-456

Amount of Each Receipt this Period

28.80

☐ Memo Item

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

C. McKaig, Robert, , ,

Mailing Address 1201 Manakin Rd

City
Manakin SabotState
VAZip Code
23103-2804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmerisourceBergen Services CorporationOccupation (for Individual)
Dir - Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2019

Transaction ID : 201904031915-377

Amount of Each Receipt this Period

38.47

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

96.07

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