

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

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

**A. Rajalingam, Robert J, , ,**

Mailing Address 1909 Topaz Drive

City  
Chanhassen

State  
MN

Zip Code  
55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
SVP, Enterprise Corporate Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

**Transaction ID : PR151450741278**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

**B. Barber, David L, , ,**

Mailing Address 6555 Longshore Street  
Apt. 403

City  
Dublin

State  
OH

Zip Code  
43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
SVP, Reg Affairs Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

**Transaction ID : PR151512541278**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

**C. Parsons, David A, , ,**

Mailing Address 6819 Robert Drive

City  
South Easton

State  
MA

Zip Code  
2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
VP, Product and Solutions Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

**Transaction ID : PR152097141278**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

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

400.00