

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

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

FOR LINE NUMBER: PAGE 45 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. Brown, Ronald, , ,**

Mailing Address 7417 NewAlbanyLinkDr

City  
New Albany

State  
OH

Zip Code  
43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
VP, Manufacturing\_Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

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

**Transaction ID : PR87410941278**

Amount of Each Receipt this Period

114.00

☐ Memo Item

P/R Deduction (\$57.00 Bi-Weekly)

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

**B. Villarreal, Ismael, , ,**

Mailing Address 6514 Forfar Ln

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)  
VP, Operations\_Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

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

**Transaction ID : PR87411041278**

Amount of Each Receipt this Period

76.00

☐ Memo Item

P/R Deduction (\$38.00 Bi-Weekly)

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

**C. Mayer, Jessica L, , ,**

Mailing Address 8397 Somerset Way

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)  
EVP, Deputy General Counsel & Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

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

**Transaction ID : PR87411741278**

Amount of Each Receipt this Period

576.90

☐ Memo Item

P/R Deduction (\$384.60 Bi-Weekly)

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

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

766.90