

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

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

FOR LINE NUMBER: PAGE 15 OF 38

(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. DePinto, Joseph I, , ,

Mailing Address 9421 Nicholson 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)  
Pres, Specialty Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : PR131181047750

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

B. Huckabey, Donald C, , ,

Mailing Address 6636 Longshore Street  
Suite 503

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)  
Director, Network and Payor Re

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 / 2020

Transaction ID : PR131181647750

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. Crates, William S, S, ,

Mailing Address 16 Scott Circle

City  
Marysville

State  
OH

Zip Code  
43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
VP, QRA Mgmnt

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 / 2020

Transaction ID : PR131197347750

Amount of Each Receipt this Period

76.00

☐ Memo Item

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

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

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

536.60