

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

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

FOR LINE NUMBER: PAGE 59 OF 181

(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. Blackburn, Brent, , ,

Mailing Address 9690 Mission Drive
Plain City

City State Zip Code
Plain City OH 43064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
Mgr, Software Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR131263444684

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

B. Bruce, Darrin, E, ,

Mailing Address 20400 Hoover Bault Rd
Marysville

City State Zip Code
Marysville OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
Mgr, Software Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR131263544684

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

c. Clark, Dane, D, ,

Mailing Address 543 CR 4810
Troup

City State Zip Code
Troup TX 75789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
Mgr, Blck Blt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR131263744684

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

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

60.00