

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

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

FOR LINE NUMBER: PAGE 120 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. Lewis, Jenn, L, ,**

Mailing Address 6016 PenningtonCreek  
Dublin

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
Dir, Sales\_Support\_Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2019

**Transaction ID : PR152096544684**

Amount of Each Receipt this Period

38.00

☐ Memo Item

P/R Deduction (\$19.00 Bi-Weekly)

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

**B. Wallon, Stephen, T, ,**

Mailing Address 3116 Grantham Drive  
Richardson

City State Zip Code  
Richardson TX 75082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
Dir, Sales Ops Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2019

**Transaction ID : PR152096644684**

Amount of Each Receipt this Period

38.00

☐ Memo Item

P/R Deduction (\$19.00 Bi-Weekly)

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

**C. Balistrere, Vita, , ,**

Mailing Address 36 Pickett Place  
New Albany

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
Dir, Account\_Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2019

**Transaction ID : PR152096744684**

Amount of Each Receipt this Period

38.00

☐ Memo Item

P/R Deduction (\$19.00 Bi-Weekly)

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

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

114.00