

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

ADDRESS (number and street) 7000 Cardinal Place  
Dublin OH 43017  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00332833 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [03] / [01] / [2019] through [03] / [31] / [2019]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Padgitt, Laura, , ,

Signature of Treasurer Padgitt, Laura, , , [Electronically Filed] Date [04] / [19] / [2019]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="236461.61"/>	<input type="text" value="236461.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="232462.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29853.63"/>	<input type="text" value="95854.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="262316.10"/>	<input type="text" value="332316.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="96000.00"/>	<input type="text" value="166000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166316.10"/>	<input type="text" value="166316.10"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14939.72	27373.72
(ii) Unitemized .....	14913.91	63480.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29853.63	90854.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29853.63	90854.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	29853.63	95854.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29853.63	95854.49

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	88500.00	158500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	7500.00	7500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96000.00	166000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96000.00	166000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29853.63	90854.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29853.63	90854.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Snow, Ola M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 267 Donerail Ave  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR100553440824**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Pitts, Rosemary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8673 Finlarig Dr  
 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, Commercial Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR118725340824**  
 Amount of Each Receipt this Period  
 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Olson, Tiffany P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15402 Hidden Oaks Lane  
 City Carmel State IN Zip Code 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) President, Nuclear Pharmacy Serv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR120670140824**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	845.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Ferrang, Jennifer R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Avery Road  
 City Bloomfield State CT Zip Code 06002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct\_Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR122787740824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Wagner, Scott J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7504 Breezy Lake Lane  
 City Flowery Branch State GA Zip Code 30542  
 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 ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR124937440824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Gates, Michael A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 Brionne Court  
 City Waxhaw State NC Zip Code 28173  
 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 ▼ 230.76

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR124937840824**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Mason, Stephen M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6544 Brodie Blvd  
 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, Cardinal Health at Home  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR124938040824**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Hula-Mills, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8581 The Island  
 City Memphis State TN Zip Code 38125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales (Enterprise Contractin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR124938440824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Garcia, Luis E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14320 NW 16 Street  
 City Pembroke Pines State FL Zip Code 33028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Nuclear Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR124938540824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Stelter, Daniel C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1414 W Rashcher Ave Apt 2W  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Intell Prprty (Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124938640824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Kilgour, John W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 764  
 43 Fellows Rd.  
 City Ipswich State MA Zip Code 01938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct\_Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124984440824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Stentz, Teresa A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2249 Sheringham Road  
 City Upper Arlington State OH Zip Code 43220  
 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 ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124984940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Stutz, Brent E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8176 Crossgate Court N  
 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, Commercial Technologies  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR124985240824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Barnett, James E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7657 Kestrel Way W  
 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, Asc Gen Cnsl, Corp/Secur  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR124985340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Adams, John M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Beecham Ct.  
 City Columbus State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR124985940824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Rozich, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9926 MacDonald Drive  
 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, HR Bus Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124986040824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Jenny, Frederick P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5013 straits link  
 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, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124986340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Myers, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8410 Russett Ct  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Labor/Employ\_(Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124986540824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Pelizza, Thomas M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Sassinoro Drive  
 City Putnam Valley State NY Zip Code 10579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124987240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Gotti, Paul R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9960 Concord Rd  
 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, Nuclear Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124988440824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Delfaus Rosario, Maribel L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 Wayne Brown Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124989240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Cohen, Steven H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Surrey Lane  
 City Weston State FL Zip Code 33331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, SIs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR124990140824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Daniels, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3832 Dennis Rd  
 City New Holland State OH Zip Code 43145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Ethics & Compliance Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR129786840824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Harper, Kristin R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5732 Rocky Shore Drive  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR129786940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 56														
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Gomez, Jorge M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8028 Holyrood Court  
 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) Chief Financial Officer (CFO)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR130358240824**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Reeves, Kathryn G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3933 Farber Court  
 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) SVP, GM Category Mgmt & Distribu  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR130720040824**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Walker, Lori G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6909 New Albany Links Drive  
 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, Operations Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR130812040824**  
 Amount of Each Receipt this Period  
 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Schlissberg, Robert E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7816 Alexandra Dr  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR130812940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Glending, Michael J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36422 Gosford Dr  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR130813240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Schorr, Ryan D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 Stone Canyon Ct  
 City Hinckley State OH Zip Code 44233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR130813340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Light, Steven D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 Wolcott Loop  
 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, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR130814940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Pintek, Michael F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4510 W. Rapid Springs.  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Customer Operations & Busin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR130815740824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Laber, Melissa A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8200 Bibury  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM - Opti-Freight  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR130967840824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. DePinto, Joseph I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1153.80

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131181040824**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Huckabey, Donald C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8640 Trail Creek Dr  
 City Sherwood State AR Zip Code 72120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Customer Srv Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131181640824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Crates, William S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131197340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	536.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Fischer, Jeffrey R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7032 Willow Run Dr  
 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 ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131197940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Kreakie, Craig L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7426 Hawksbeard Drive  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131199740824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Love, Talvis P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 Loch More CT E  
 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, Pharmaceutical Segment IT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131199840824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Willet, Debra A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7418 Balfoure Circle  
 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, Comm/Trans\_(Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR131203240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Harbaugh, Michael T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19519 Flair Oak  
 City San Antonio State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP , Terr Mgmt - Home Hlth  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR131222540824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Cochran, Tim A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3946 Meadow Knoll Rd  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Software/Info Plat  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR131223040824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 <b>A. Hartin, Curtis W, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2019 <b>Transaction ID : PR131264540824</b>
Mailing Address 135 Lake View Loop			Amount of Each Receipt this Period 100.00
City Fulshear	State TX	Zip Code 77441	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Phrm Ops & Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. King, Cathleen, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2019 <b>Transaction ID : PR131264840824</b>
Mailing Address 136 Reinhard Avenue			Amount of Each Receipt this Period 76.00
City Columbus	State OH	Zip Code 43206	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)	
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Account (Enterprise Contrac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Goodsell, Robert P, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2019 <b>Transaction ID : PR131284540824</b>
Mailing Address 301 Moss Court			Amount of Each Receipt this Period 76.00
City Woodstock	State GA	Zip Code 30188	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)	
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Exec, New_Bus Sls-Home Hlth	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 228.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Weitzman, Deborah L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3214 River Highlands 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, US Pharmaceutical Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131293140824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Montalvo Ortiz, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Urb. Andreas Court c Bianca E 6  
 City San Juan State PR Zip Code 00976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct\_Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131293240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Shah, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3208 Benbrook Pond Drive  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Plannng & Analysis  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131336340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 252.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Callinicos, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 North Oak St # 611  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Prof & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR131881240824**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Garavito, Patricio E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9479 Creighton Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, M & A\_(Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR131957940824**  
 Amount of Each Receipt this Period  
 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Gomez, Tammy L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1383 Loch Lomond Place  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, HR Bus Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR131965240824**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Halterman, Thomas L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1842 Glen Oaks Dr  
 City West Des Moines State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Pharm\_Ops & Account\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131965340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. McGrath, Rebecca F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9604 Jenny Lane  
 City Fairfax State VA Zip Code 22032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR131978640824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Capodici, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7251 Waterston  
 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, Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR132476140824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Foust, Hollie K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4755 Highlands Drive  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Compliance  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR133109040824**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Zawilla, Andrew K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8875 Davington Dr  
 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, Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR133318840824**  
 Amount of Each Receipt this Period  
 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. McGraw, Ryan P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7702 Fulmar Dr  
 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, Asc\_Gen\_Csl,\_Labor/Employ  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR133363540824**  
 Amount of Each Receipt this Period  
 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Rawlins, Rylan O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7694 Wallsend court  
 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, Comm/Trans (Attny)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR133387840824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Revish, Jerome C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4383 Hickory Rock Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Customer\_Service\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR133449340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Hoover, James R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9031 Killochan Ct.  
 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, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR133449640824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Schuster III, Russell E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9883 Gleneagle PI  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Corp\_Development\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR133457140824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Holcomb, Michele A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 538 S. 6th Street  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) EVP, Strategy & Corporate Develo  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR148558940824**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Vuckovich, Terry L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Ferry St. P.O. Box 105  
 City Douglas State MI Zip Code 49406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strat Src Glbl Prods  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR148867240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	536.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Volpicelli, Nicolas R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Overlook Terrace  
 City Short Hills State NJ Zip Code 07078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Src Natl Brands  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR150762840824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Halligan, Sean P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8188 Tillinghast Dr  
 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, Pharma Supply Chain Operati  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR150762940824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Bennett, Jennifer E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7272 New Albany Links Dr  
 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, Fin Plannng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR150947440824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 <b>A. Mitchell, David, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2019 <b>Transaction ID : PR150947540824</b>
Mailing Address 345 Pacific Drive			Amount of Each Receipt this Period 76.00
City Mountain View	State CA	Zip Code 94043	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)	
Name of Employer (for Individual) CARDINAL HEALTH, INC	Occupation (for Individual) VP, Mnfctrng Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Blazejewski, Stephen J, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2019 <b>Transaction ID : PR150947640824</b>
Mailing Address 24 North Pond Terrace			Amount of Each Receipt this Period 384.60
City North Attleboro	State MA	Zip Code 02760	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer (for Individual) CARDINAL HEALTH, INC	Occupation (for Individual) Pres, Medical Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Diaz, Pedro L, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2019 <b>Transaction ID : PR150948140824</b>
Mailing Address 11110 NW 11th Terrace			Amount of Each Receipt this Period 76.00
City Coral Springs	State FL	Zip Code 33071	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)	
Name of Employer (for Individual) CARDINAL HEALTH, INC	Occupation (for Individual) VP, R & D Engr Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 228.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	536.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Evans, Elton E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6789 Rolfe Avenue  
 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) SVP, Finance.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR150948240824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Rajalingam, Robert J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Accoun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR151450740824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Barber, David L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR151512540824**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Parsons, David A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6819 Robert Drive  
 City South Easton State MA Zip Code 02375  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR152097140824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Sidhu, Preety K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2143 w7th street upper  
 City Cleveland State OH Zip Code 44113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR152098140824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Robinson, Wayne R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8217 Wolcott Loop  
 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, Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR152098240824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Barnhart, Toby S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 San Lorenzo Avenue  
 City Coral Gables State FL Zip Code 33146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Pres, Global Manufacturing & Sup  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR152098740824**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Crawford, Victor L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10824 Lockland Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) CEO, Pharmaceutical Segment  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR152098940824**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Overman, Mark R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Wyndham Hill Ct  
 City Southlake State TX Zip Code 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contract)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 271.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87377740824**  
 Amount of Each Receipt this Period  
 90.40  
 Memo Item  
 P/R Deduction (\$45.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	859.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 <b>A. Kerski, Christopher D, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2019 <b>Transaction ID : PR87378640824</b>
Mailing Address 8155 Campden Lakes Boulevard			Amount of Each Receipt this Period 80.00
City Dublin	State OH	Zip Code 43016	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) SVP, GM Laboratory Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Carnes, Elizabeth R, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2019 <b>Transaction ID : PR87380340824</b>
Mailing Address 5007 Blackstone Edge Drive			Amount of Each Receipt this Period 76.00
City New Albany	State OH	Zip Code 43054	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Exec,_Acct Mgmt - MedCons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thompson, Benjamin T, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2019 <b>Transaction ID : PR87381440824</b>
Mailing Address 1244 Edgemere Drive			Amount of Each Receipt this Period 76.00
City Keller	State TX	Zip Code 76248	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) SVP, Product & Services Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 228.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Spirko, Kate C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 532 Ely Court N.  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87385140824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Pitteroff, Valerie C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6058 Joneswood Drive  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87387340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Rumfola, Annlea C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10472 Mackenzie 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) SVP, Medical Segment IT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87388540824**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Gaines, Joshua T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2629 Bexley Park Road  
 City Bexley State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Strategy & Corp Devel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87389640824**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. McCaffrey, Sean M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 Buck Run Rd  
 City Canonsburg State PA Zip Code 15317  
 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 ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87390740824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Cacciatore, Gary G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 Enclave Parkway  
 City Houston State TX Zip Code 77059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Reg (Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87391940824**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	356.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Scott, James L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9318 Pratolina Villa Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, National Markets  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87392240824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Cochran, Bradley G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2589 Aikin Circle S  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, National Markets  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87392440824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Owad, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7558 Heatherwood 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) SVP, Operational Excellence  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 601.80

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87392540824**  
 Amount of Each Receipt this Period 200.60  
 Memo Item  
 P/R Deduction (\$100.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Cowman, Craig P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8244 Chippenham Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) EVP, Global Sourcing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87393140824**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Kaufmann, Michael C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7160 Temperance Point St  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) CEO, Cardinal Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87393840824**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Boggs, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7746 Polo Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87393940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	845.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Kannally, Kevin M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14529 Robinson Rd  
 City Plain City State OH Zip Code 43064  
 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 ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87394740824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Grant, Carolyn E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6869 Meadow Glen Dr  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87395440824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Sells, Patrick A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3460 Hyatts Rd  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87396140824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Barker, James M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2761 Skelton Ln  
 City Blacklick State OH Zip Code 43004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Global Operations Mgmt, Med  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87396640824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Giacomini, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6792 Ingalls Ct  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) CEO, Medical Segment  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87397440824**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

**C. Brown, Michael D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 Saddle Ridge  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Pharm\_Ops & Account\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87398240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Ableidinger, Kathryn J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Ashbury Ct  
 City Hudson State WI Zip Code 54016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87399040824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Lawrence, Stephen M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8358 Meadowlark Lane  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Retail Independent Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87399240824**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Lawrence, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 Vinwood Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strtgc PIng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87399440824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Ellis, Gary B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6146 Balmoral Drive  
 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/GM Innovative Delivery Solut  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87400940824**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Jorgensen, Robbie D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3457 HWY Z  
 City Wentzville State MO Zip Code 63385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87401640824**  
 Amount of Each Receipt this Period  
 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Worth, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5654 Rothesay Drive  
 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, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87401940824**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Keller, Andrew R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3732  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Plng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87403340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Dixon, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1575 Essex Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Customer Service Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87404340824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. DeLorenzo, Marc D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Tiller Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Strategic Src Natl Brands  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87404940824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Lindsey, John S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3391 Resort Court  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Enterprise Infrastructure  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87406740824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Robinette, Kenneth H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9409 Avemore Ct.  
 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, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87407840824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Mone', Michael A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4909 Scenic Creek Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Asc\_Gen\_Csl\_Regulatory  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2019  
**Transaction ID : PR87409540824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Nagel, Stanley L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6486 Ballantrae Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Employee Relations & Labor  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87409740824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Alderman, Andrew T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 Leicester Pl.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Strategy & Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87410540824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Brown, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 342.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87410940824**  
 Amount of Each Receipt this Period 114.00  
 Memo Item  
 P/R Deduction (\$57.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Villarreal, Ismael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87411040824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Mayer, Jessica L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1153.80

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87411740824**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Morford, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5565 Lake Shore Ave,  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Chief Legal/Compliance Officer  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1153.80

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87415940824**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	845.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Augustine, Luke C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10834 S 166th St  
 City Omaha State NE Zip Code 68136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, SIs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87417440824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Quintero, Gilberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6650 Brodie Blvd  
 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, QRA  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87421240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Cheramie, Lane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 152 West 117th Street  
 City Cut Off State LA Zip Code 70345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : PR87421640824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Movens, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 678 Woodland Bayou Drive  
 City Santa Rosa Beach State FL Zip Code 32459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM ParMed Pharmaceutical  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR87423140824**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Honner, Robert A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7167 Springview Ln  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Planng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR93409140824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Wilson, Kelly B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 Cardinal Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Talent Managemnt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2019  
**Transaction ID : PR93689240824**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 47 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Latshaw, Shauna M, , ,**

Mailing Address 10316 Hoover Woods Rd

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CARDINAL HEALTH, INC	Occupation (for Individual) VP, Software Engineering
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

**Transaction ID : PR99505140824**

Amount of Each Receipt this Period  
76.00

Memo Item

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

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14939.72



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Advamed PAC**

Full Name (Last, First, Middle Initial)

Mailing Address Attn: Colin Canavan  
701 Pennsylvania Ave., NW, Ste 800

City Washington State DC Zip Code 20004

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 05 / 2019

FEC Identification Number: C00340356  
**Transaction ID : 11758399**  
Amount of Each Disbursement this Period: 5000.00  
Direct Contribution  
 Memo Item

**B. HIDA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address Attn: Josh Babb  
310 Montgomery Street

City Alexandria State VA Zip Code 22314-1516

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 05 / 2019

FEC Identification Number: C00486498  
**Transaction ID : 11758400**  
Amount of Each Disbursement this Period: 5000.00  
Direct Contribution  
 Memo Item

**C. HDA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address Attn: Jewelyn Cosgrove  
901 N. Glebe Rd., Suite 1000

City Arlington State VA Zip Code 22203

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 05 / 2019

FEC Identification Number: C00247569  
**Transaction ID : 11758402**  
Amount of Each Disbursement this Period: 5000.00  
Direct Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. NACDS PAC**

Mailing Address Attn. Vanessa Callen  
1776 Wilson Blvd.Suite 200

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

**C** C00022368

**Transaction ID : 11758403**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address Attn: Sarah Baker  
233 Pennsylvania Ave., SE, 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

**C** C00409730

**Transaction ID : 11758404**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Republican Main Street Partnership PAC**

Mailing Address Attn. Sarah Chamberlain  
1300 Pennsylvania Ave., NW Box 190

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

**C** C00165159

**Transaction ID : 11758405**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**Walden, Greg, P., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: OR District: 02

Date of Disbursement  
MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number  
C C00333427  
**Transaction ID : 11758406**  
Amount of Each Disbursement this Period  
5000.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**B. New Pioneer PAC**

Mailing Address Attn. Greg Walden  
228 S Washington St. Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number  
C C00459123  
**Transaction ID : 11758407**  
Amount of Each Disbursement this Period  
5000.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**C. IMPACT**

Mailing Address Attn. Chuck Schumer  
192 Lexington Ave. Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number  
C C00348607  
**Transaction ID : 11758408**  
Amount of Each Disbursement this Period  
5000.00

Memo Item  
Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Joyce**

Mailing Address 9856 Archer Ln

City  
Dublin

State  
OH

Zip Code  
43017

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Joyce, Dave, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

C C00527457

**Transaction ID : 11758409**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Team Graham Inc**

Mailing Address PO Box 1801

City  
Columbia

State  
SC

Zip Code  
29202

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Graham, Lindsey, O., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: SC District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

C C00458828

**Transaction ID : 11758411**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clarke For Congress**

Mailing Address 111-36 200th. Street

City  
Hollis

State  
NY

Zip Code  
11412

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Clarke, Yvette, D., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

C C00415331

**Transaction ID : 11758412**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. Project West PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2019
Mailing Address 1020 N. Fairfax St. Suite 201		FEC Identification Number C00525543 <b>Transaction ID : 11766493</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grassley Committee Inc</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2019
Mailing Address PO Box 1000		FEC Identification Number C00230482 <b>Transaction ID : 11766495</b>
City Des Moines	State IA	Zip Code 50304
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Grassley, Charles, E., Sen.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: IA District:		

Full Name (Last, First, Middle Initial) <b>C. Hawkeye PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2019
Mailing Address 1020 N. Fairfax St. Suite 201		FEC Identification Number C00379479 <b>Transaction ID : 11766496</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robin Kelly For Congress**

Mailing Address P.O. Box 3441

City  
Chicago

State  
IL

Zip Code  
60654

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Kelly, Robin, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	9

FEC Identification Number

**C** C00539866

**Transaction ID : 11766497**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEVE PAC**

Mailing Address 228 S. Washington St.  
Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	9

FEC Identification Number

**C** C00501478

**Transaction ID : 11766499**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Eshoo, Anna, G., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	9

FEC Identification Number

**C** C00258475

**Transaction ID : 11766502**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Gibbs For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 21

City Lakeville State OH Zip Code 44638

Purpose of Disbursement Direct Contribution

Candidate Name **Gibbs, Robert, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OH District: 18

Date of Disbursement: 03 / 14 / 2019

FEC Identification Number: **C00466516**  
**Transaction ID : 11766504**

Amount of Each Disbursement this Period: 2500.00

Direct Contribution  Memo Item

**B. Matsui For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement Direct Contribution

Candidate Name **Matsui, Doris, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 06

Date of Disbursement: 03 / 14 / 2019

FEC Identification Number: **C00409219**  
**Transaction ID : 11766505**

Amount of Each Disbursement this Period: 2500.00

Direct Contribution  Memo Item

**C. John Lewis For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement Direct Contribution

Candidate Name **Lewis, John, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: GA District: 05

Date of Disbursement: 03 / 21 / 2019

FEC Identification Number: **C00202416**  
**Transaction ID : 11788796**

Amount of Each Disbursement this Period: 2500.00

Direct Contribution  Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	88500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Emilia Sykes Campaign**

Mailing Address 109 N. Howard Street  
Unit A

City Akron State OH Zip Code 44308

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Sykes, Emilia, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 21 / 2019**

FEC Identification Number  
**C**  
**Transaction ID : 11788797**  
Amount of Each Disbursement this Period  
**2500.00**  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Beth Liston**

Mailing Address 2193 Stratingham Dr.

City Dublin State OH Zip Code 43016

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Liston, Beth, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 21 / 2019**

FEC Identification Number  
**C**  
**Transaction ID : 11788798**  
Amount of Each Disbursement this Period  
**2000.00**  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Mary Lightbody**

Mailing Address 4948 E Walnut St

City Westerville State OH Zip Code 43081

Purpose of Disbursement  
Mary Lightbody, STATE HOUSE 19th OH

**011**  
Category/  
Type

Candidate Name  
**Lightbody, Mary, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 21 / 2019**

FEC Identification Number  
**C**  
**Transaction ID : 11788799**  
Amount of Each Disbursement this Period  
**500.00**  
Mary Lightbody, STATE HOUSE 19th OH

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**5000.00**



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Citizens to Elect Allison Russo**

Mailing Address 1850 Tweksbury Rd.

City Columbus State OH Zip Code 43221

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Russo, Allison, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 21 / 2019

FEC Identification Number  
**C**  
**Transaction ID : 11788800**  
Amount of Each Disbursement this Period  
1000.00  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Boggs for Ohio**

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Boggs, Kristin, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 21 / 2019

FEC Identification Number  
**C**  
**Transaction ID : 11788801**  
Amount of Each Disbursement this Period  
1000.00  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Erica Crawley**

Mailing Address 78 E. Chestnut St. #3001

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Crawley, Erica, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 21 / 2019

FEC Identification Number  
**C**  
**Transaction ID : 11788802**  
Amount of Each Disbursement this Period  
500.00  
Direct Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00  
7500.00