

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 130
(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

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

A. Otsuka, Dennis M, , ,

Mailing Address 4805 Mi Cordelia Dr NW

City

Albuquerque

State

NM

Zip Code

87114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Dir, New Bus Sls - Pharm Dist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : PR131266441710

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

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

B. Richwine, Catherine H, , ,

Mailing Address 432 Shady Grove Ct

City

Winston Salem

State

NC

Zip Code

27103

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : PR131266841710

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

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

C. Sanders, Anthony L, , ,

Mailing Address 40425 Tesoro Ln

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Dir, Operations Anlytcs

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : PR131267041710

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

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

114.00

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