

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

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

FOR LINE NUMBER: PAGE 54 OF 130

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Flynn, James J, , ,

Mailing Address 613 Welshire

City

Bay Village

State

OH

Zip Code

44140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Dir, Software Engineering

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 : PR131313641710

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. Brake, Jay L, , ,

Mailing Address 3302 Woods Mill Dr

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)

Dir, Account\_Mgmt

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 : PR131336041710

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. Weaver, Dana, , ,

Mailing Address 123 Challain Drive

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Dir, Terr Mgmt - MedCons

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 : PR131336141710

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).....▶