

FEC
FORM 3XREPORT 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

ADDRESS (number and street)

7000 Cardinal Place

▼
 Check if different
than previously
reported. (ACC)

Dublin

OH

43017

-
- - - - -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 C C003328333. IS THIS
REPORTNEW
(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 M M / D D / Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y Y in the State of

5. Covering Period

 01 01 2026

through

 01 31 2026

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

McGrath, Rebecca, , ,

Signature of Treasurer

McGrath, Rebecca, , ,

Date

 02 08 2026

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

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Cardinal Health Inc. PAC

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y Y
2026**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2026	120722.40
(b) Cash on Hand at Beginning of Reporting Period.....	120722.40	
(c) Total Receipts (from Line 19)	42635.12	42635.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	163357.52	163357.52
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163357.52	163357.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Cardinal Health Inc. PAC

Report Covering the Period: From:

M 01

D 01

Y 2026

To:

M 01

D 31

Y 2026

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees
(i) Itemized (use Schedule A).....

8477.10

8477.10

(ii) Unitemized

34158.02

34158.02

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....►

42635.12

42635.12

(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)

42635.12

42635.12

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

0.00

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))

42635.12

42635.12

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)

42635.12

42635.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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)	0.00	0.00
(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.....	0.00	0.00
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).....	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42635.12	42635.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42635.12	42635.12
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: PAGE 6 OF 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Abeyratne, Shane, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-363

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Global Business Services

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Adler, Preety, K, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-366

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Strategy & Bus Dev

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Alderman, Andrew, T, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-158

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Strategy & Bus Dev

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

300.00

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: PAGE 7 OF 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Alt, Aaron, , ,

Mailing Address 7000 Cardinal Place

City
DublinState
OHZip Code
43017FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-482

Amount of Each Receipt this Period

192.30

Memo Item

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 ▼

576.90

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

B. Alt, Aaron, , ,

Mailing Address 7000 Cardinal Place

City
DublinState
OHZip Code
43017FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-479

Amount of Each Receipt this Period

192.30

Memo Item

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 ▼

576.90

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

C. Alvarez, Anthony, , ,

Mailing Address 7000 Cardinal Place

City
DublinState
OHZip Code
43017FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-207

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, GM ADS/Edgepark

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

484.60

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: PAGE 8 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Barker, James, M.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-57

Amount of Each Receipt this Period

150.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Pharma Supply Chain Operations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

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

B. Barker, James, M.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-57

Amount of Each Receipt this Period

150.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Pharma Supply Chain Operations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

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

C. Bennett, Peter, , JR.

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-224

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Global Supply Chain

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

400.00

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: PAGE 9 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Brinker, Benjamin, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-223

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

Pres, Global Manufacturing & Supply Cl

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Brinker, Benjamin, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-223

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

Pres, Global Manufacturing & Supply C

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Britt, Leila, M, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-89

Amount of Each Receipt this Period

105.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Retail Independent Sales

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

315.00

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

489.60

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: PAGE 10 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Britt, Leila, M, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012971310-89

Amount of Each Receipt this Period

105.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Retail Independent Sales

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

315.00

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

B. Cochran, Bradley, G, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026011571910-38

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

President, Pharma & Specialty Distribu

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Cochran, Bradley, G, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012971310-38

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

President, Pharma & Specialty Distribu

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

489.60

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: PAGE 11 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Cowman, Craig, P.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026011571910-39

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

President, Biopharma Solutions and Str

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Cowman, Craig, P.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012971310-39

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

President, Biopharma Solutions and Str

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Delfaus Rosario, Maribel, L.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012971310-274

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, HR Bus Partner

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

484.60

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: PAGE 12 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. English, Patricia, M.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-159

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Finance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Fernandez, Carla, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-151

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, GM Puerto Rico

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Gallo, Emily, R.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-336

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, GM - Opti-Freight

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

300.00

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

300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Garavito, Patricio, E.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-291

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) SVP, Deputy General Counsel
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Greene, Michelle, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-427

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) EVP, Chief Information Officer and Cus
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Greene, Michelle, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-424

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) EVP, Chief Information Officer and Cus
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

484.60

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: PAGE 14 OF 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Guc, Katherine, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-398

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

VP, Direct Sales Mgmt

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Hicks, Russell, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-286

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, CAH at Home

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Hollar, Jason, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-415

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

CEO, Cardinal Health

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

392.30

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: PAGE 15 OF 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Hollar, Jason, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-412

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

CEO, Cardinal Health

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Honner, Robert, A, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-169

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP/CFO, Global Medical Products & I

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Kendall, Leah, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-313

Amount of Each Receipt this Period

75.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Quality & Regulatory

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

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

367.30

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: PAGE 16 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC

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

A. Lange, Annie, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-91

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Finance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Leach, Arthur, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-504

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

SVP, Global Manufacturing

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Lowe, Bryan, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-502

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc

Occupation (for Individual)

Dir, Government Relations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

392.30

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: PAGE 17 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Lowe, Bryan, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-499

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) Dir, Government Relations
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Lynch, Aaron, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-62

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) SVP, Strat Src Glbl Prods
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Marini, Corey, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-491

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) SVP, Internal Audit-Finance
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

392.30

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: PAGE 18 OF 25

(check only one)

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

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

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

A. Marshall, Stephen, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-226

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

SVP, Global Products

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Martin, John, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-396

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

SVP, Tax

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Mason, Stephen, M, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-54

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

CEO, Global Medical Products & Distrib

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

300.00

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

300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

A. Mayer, Jessica, L.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-170

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) Chief Legal/Compliance Officer
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Mayer, Jessica, L.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012971310-170

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) Chief Legal/Compliance Officer
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. McBride, Andrew, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-128

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) SVP, GM Direct Markets
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

484.60

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: PAGE 20 OF 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

A. McGrath, Rebecca, F.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-359

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) SVP, Government Relations
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. McGrath, Rebecca, F.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-357

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) SVP, Government Relations
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Pintek, Michael, F.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-340

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Cardinal Health, Inc	Occupation (for Individual) President, Nuclear Pharmacy Services
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

576.90

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: PAGE 21 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Pintek, Michael, F, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-338

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

President, Nuclear Pharmacy Services

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Pitteroff, Valerie, C, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-20

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

Chief Human Resources Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

268.30

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

C. Pope, Patrick, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-404

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

EVP & General Counsel

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

484.60

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: PAGE 22 OF 25

(check only one)

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

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

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

A. Sahlieh, Jorge, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-389

Amount of Each Receipt this Period

150.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

President, International, Medical Segm

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

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

B. Sahlieh, Jorge, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-387

Amount of Each Receipt this Period

150.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

President, International, Medical Segm

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

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

C. Scherer, Mary, C, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-59

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

SVP, Chief Accounting Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

400.00

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: PAGE 23 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Schlissberg, Robert, E, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-149

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Pres, Cardinal Health at Home Solution

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Schlissberg, Robert, E, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012971310-149

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Pres, Cardinal Health at Home Solution

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Snow, Ola, M, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-34

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc EVP, Office of the CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

576.90

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: PAGE 24 OF 25

(check only one)

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

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

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

A. Snow, Ola, M.,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-34

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

EVP, Office of the CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Tanler, Bridget, , ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-284

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

SVP, Ethics and Compliance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Weitzman, Deborah, L, ,

Mailing Address 7000 Cardinal Place

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 2026011571910-145

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Cardinal Health, Inc Occupation (for Individual)

CEO, Pharmaceutical & Specialty Solu

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

484.60

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: PAGE 25 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC

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

A. Weitzman, Deborah, L, ,

Mailing Address 7000 Cardinal Place

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)

CEO, Pharmaceutical & Specialty Solut

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 2026012971310-145

Amount of Each Receipt this Period

192.30

 Memo Item

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

B.

Mailing Address

City	State	Zip Code
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FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

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

 Memo Item

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

C.

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

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

 Memo Item

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

192.30

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

8477.10