

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)

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☒ 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. Fortner, Rhonda, L, ,

Mailing Address P.O. Box 773

Graham

City

Graham

State

WA

Zip Code

98338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Mgr, HR Business Partner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR131198043897

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

B. Greco, Anthony, J, ,

Mailing Address 3866 Croydon Dr NW

Canton

City

Canton

State

OH

Zip Code

44718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Sr Cnslt, Terr Mgmt-Home Hlth

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR131198143897

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

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

C. Gross, Adam, L, ,

Mailing Address 4995 St. Andrews Dr

Westerville

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)

Sr Engr, Software Engineering

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR131198343897

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

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

80.00