

# **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. Wilens, Curt, L, ,**

Mailing Address 1347 Coventry Ln  
Northbrook

City  
Northbrook

State  
IL

Zip Code  
60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
Dir, Mkt Intel & Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : PR87386843897**

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. Pitteroff, Val, C, ,**

Mailing Address 6058 Joneswood Drive  
Hilliard

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 ▼

798.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : PR87387343897**

Amount of Each Receipt this Period

76.00

☐ Memo Item

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

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

**C. Donnelly, Scott, A, ,**

Mailing Address 12659 Hickory Ridge Road  
Plain City

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, GM (Gen Mgmt)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : PR87387543897**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

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

154.00