

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

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

FOR LINE NUMBER: PAGE 147 OF 183

(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. Colley, Richard, F, ,**

Mailing Address 2903 21st Ave Ct Se  
Puyallup

City  
Puyallup

State  
WA

Zip Code  
98372

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
Exec, Account

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 : PR87392043897**

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. Cochran, Bradley, G, ,**

Mailing Address 2589 Aikin Circle S  
Lewis Center

City  
Lewis Center

State  
OH

Zip Code  
43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDINAL HEALTH, INC

Occupation (for Individual)  
SVP, National Markets

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 : PR87392443897**

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. Stillings, Lisa, A, ,**

Mailing Address 5833 Whitecraigs Ct  
Dublin

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)  
Dir, Finance Plng & Anlysis

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 : PR87392943897**

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

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

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

152.00