

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

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

FOR LINE NUMBER: PAGE 61 OF 185

(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. Clark, Dane, D, ,

Mailing Address 543 CR 4810

Troup

City

Troup

State

TX

Zip Code

75789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Mgr, Blck Blt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : PR131263744366

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

B. Dubois, Bill, , ,

Mailing Address 1871 Orangelake Drive

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)

Dir, Software/Info Plat

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : PR131264244366

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

C. Hartin, Curtis, W, ,

Mailing Address 27222 Fulshear Bend Dr. AP

Fulshear

City

Fulshear

State

TX

Zip Code

77441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARDINAL HEALTH, INC

Occupation (for Individual)

Dir, Phrm Ops & Account Mgmt

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : PR131264544366

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$0.00 Bi-Weekly)

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

210.00

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