

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Barber, Linden, L, ,</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY 11 / 30 / 2019</p> <p>Transaction ID : PR151512544366</p>	
<p>Mailing Address 6555 Longshore Street Ap Dublin</p>		<p>Amount of Each Receipt this Period</p> <p>300.00</p>	
<p>City Dublin</p>	<p>State OH</p>	<p>Zip Code 43017</p>	<p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Aggregate Year-to-Date ▼</p> <p>2400.00</p>	
<p>Name of Employer (for Individual) CARDINAL HEALTH, INC</p>		<p>Occupation (for Individual) SVP, Reg Affairs Counsel</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Brantl, Karen, R, ,</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY 11 / 30 / 2019</p> <p>Transaction ID : PR151512644366</p>	
<p>Mailing Address 98 Prospect Avenue West Springfield</p>		<p>Amount of Each Receipt this Period</p> <p>30.00</p>	
<p>City West Springfield</p>	<p>State MA</p>	<p>Zip Code 01089</p>	<p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Aggregate Year-to-Date ▼</p> <p>240.00</p>	
<p>Name of Employer (for Individual) CARDINAL HEALTH, INC</p>		<p>Occupation (for Individual) Sr Prin Engr, R & D</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Pellicciarini, David, W, ,</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY 11 / 30 / 2019</p> <p>Transaction ID : PR151865444366</p>	
<p>Mailing Address 6938 Verde Ridge Rd Rancho Palos Verdes</p>		<p>Amount of Each Receipt this Period</p> <p>30.00</p>	
<p>City Rancho Palos Verdes</p>	<p>State CA</p>	<p>Zip Code 90275</p>	<p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Aggregate Year-to-Date ▼</p> <p>240.00</p>	
<p>Name of Employer (for Individual) CARDINAL HEALTH, INC</p>		<p>Occupation (for Individual) VP, Reg Mgmt</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>360.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			