

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

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

FOR LINE NUMBER: PAGE 81 OF 105

(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. Havlovitz, Lori S, ,

Mailing Address 8969 Sunningdale Lane

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)
SVP, Info Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

05 / 31 / 2020

Transaction ID : PR87393248344

Amount of Each Receipt this Period

57.00

☐ Memo Item

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

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

B. Godfrey, Tracy K, ,

Mailing Address 2576 McCumber

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, Product and Solutions Mark

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

05 / 31 / 2020

Transaction ID : PR87393348344

Amount of Each Receipt this Period

57.00

☐ Memo Item

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

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

C. Zawadzki, Mark D, ,

Mailing Address 5932 Willshire Drive

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, Fin Plng & Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2020

Transaction ID : PR87393448344

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

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

174.00