FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Option Care Health, Inc. PAC

ADDRESS (number and street) ▼ 3000 Lakeside Dr, Ste 300N

☐ Check if different than previously reported. (ACC)

Bannockburn | IL | 60015

2. **FEC IDENTIFICATION NUMBER ▼** C C00668384

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on 08 / 04 / 2026 in the State of MI

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2026 through 07 / 15 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Marnul, Greg, , ,

Signature of Treasurer: *Marnul, Greg, , ,* Date: 07 / 23 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Option Care Health, Inc. PAC

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 15 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		110098.38
(b) Cash on Hand at Beginning of Reporting Period	86674.41	
(c) Total Receipts (from Line 19)	1035.00	38890.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	87709.41	148988.38
7. Total Disbursements (from Line 31)	500.00	61778.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87209.41	87209.41
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Option Care Health, Inc. PAC

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	945.00	30420.00
(ii) Unitemized	90.00	8470.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1035.00	38890.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	1035.00	38890.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	1035.00	38890.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1035.00	38890.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1278.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	1278.97
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	60500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	500.00	61778.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	500.00	61778.97

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1035.00	38890.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1035.00	38890.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	1278.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	1278.97

Image# 202607239894434777

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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donley, Eric, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485674

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Badragan, Lee, , ,

Mailing Address 3000 Lakeside Drive
Suite 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Senior Director Revenue Cycle Manag

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485684

Amount of Each Receipt this Period: 40.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bavaro, Michael, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Chief Human Resources Officer

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 1050.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485686

Amount of Each Receipt this Period: 75.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 135.00

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

Image# 202607239894434778

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Britt, Kelly, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485681

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carroll, Mike, , ,

Mailing Address 3000 Lakeside Drive
Suite 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Senior Director Pharmacy

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485688

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Daugherty, Eric, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485673

Amount of Each Receipt this Period: 40.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Michael, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Senior Director Revenue Cycle Manage

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485687

Amount of Each Receipt this Period: 30.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eiduke, Amy, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485662

Amount of Each Receipt this Period: 20.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gorman, Kristie, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485682

Amount of Each Receipt this Period: 20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Howard, Brian, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485669

Amount of Each Receipt this Period: 20.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James Grahovac, James, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485676

Amount of Each Receipt this Period: 40.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kluge, Suzanne, , ,

Mailing Address 3000 Lakeside Drive
Suite 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Director Clinical Pharmacy Training

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485696

Amount of Each Receipt this Period: 35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

Image# 202607239894434781

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maggio, Nicole, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485689

Amount of Each Receipt this Period: 40.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merrill, Richard, , ,

Mailing Address 3000 Lakeside Drive
Suite 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Vice President Deputy General Couns

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485691

Amount of Each Receipt this Period: 40.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moy, Alyssa, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Senior Director IT Product Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485661

Amount of Each Receipt this Period: 40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Niewinski, Sharon, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485694

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nottoli, Antoinette, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485666

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Leary, Steven, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485695

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

Image# 202607239894434783

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rademacher, John, , ,

Mailing Address 3000 Lakeside Drive
Suite 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1750.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485679

Amount of Each Receipt this Period: 125.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rhodes, Jill, , ,

Mailing Address 3000 Lakeside Drive
Suite 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Vice President Chief Information Se

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485678

Amount of Each Receipt this Period: 40.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ristow, Tracey, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485697

Amount of Each Receipt this Period: 40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 205.00

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

Image# 202607239894434784

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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- [ ] 16
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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Kyle, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485683

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sauta, Ann-Marie, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485665

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solem, Andy, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485663

Amount of Each Receipt this Period: 20.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

Image# 202607239894434785

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)
PAGE 14 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tidwell, Scott, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 560.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485693

Amount of Each Receipt this Period: 40.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wakefield, Angela, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485664

Amount of Each Receipt this Period: 20.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walters, Christine, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 07 / 03 / 2026
Transaction ID : A2026-1485670

Amount of Each Receipt this Period: 20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

Image# 202607239894434786

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)
PAGE 15 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yang, Benson, , ,

Mailing Address 3000 Lakeside Dr, Ste 300N

City: Bannockburn | State: IL | Zip Code: 60015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Option Care Health, Inc
Occupation (for Individual): Executive

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 03 / 2026

Transaction ID : A2026-1485668

Amount of Each Receipt this Period: 40.00

☐ Memo Item

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

TOTAL This Period (last page this line number only) ▶ 945.00

Image# 202607239894434787

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Option Care Health, Inc. PAC

A.
Full Name (Last, First, Middle Initial)
Scholten for Congress
Mailing Address PO Box 6233
City: Grand Rapids | State: MI | Zip Code: 49510
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Scholten, Hillary, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 03
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 08 / 2026
FEC Identification Number: C C00711317
Transaction ID : B928173
Amount of Each Disbursement this Period: 500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00