

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

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

A. Kannally, Kevin, , ,

Mailing Address 14529 Robinson Rd

City
Plain City

State
OH

Zip Code
43064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
VP, Operations_Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

07 / 31 / 2019

Transaction ID : PR87394742600

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

B. Thacker, Dana, , ,

Mailing Address 2934 Griffin Dr

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 Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

07 / 31 / 2019

Transaction ID : PR87394842600

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

C. Combs, Jim, , ,

Mailing Address 69259 Lee Road

City
St Clairsville

State
OH

Zip Code
43950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
Exective, Accnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

07 / 31 / 2019

Transaction ID : PR87394942600

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