

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. Scherer, Mary, , ,

Mailing Address 223 Weatherburn Ct

City
Powell

State
OH

Zip Code
43065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
SVP, Internal Audit-Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR87397342600

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. Giacomini, Jon, , ,

Mailing Address 6792 Ingalls Ct

City
Galena

State
OH

Zip Code
43021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
CEO, Medical Segment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR87397442600

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

C. Fluno, Debra, , ,

Mailing Address 622 Sunnyside Ave

City
Gurnee

State
IL

Zip Code
60031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDINAL HEALTH, INC

Occupation (for Individual)
Dir, Pharm Ops & Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR87398042600

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)..... ►

218.00