

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		217293.89
(b) Cash on Hand at Beginning of Reporting Period.....	232566.20	
(c) Total Receipts (from Line 19)	23306.07	104578.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	255872.27	321872.27
7. Total Disbursements (from Line 31).....	26000.00	92000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	229872.27	229872.27
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: / / To: / /

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).....	13013.06	41125.41
(ii) Unitemized	10244.20	63273.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23257.26	104399.01
(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)	23257.26	104399.01
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.).....	48.81	179.37
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))..... ▶	23306.07	104578.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23306.07	104578.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	66000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	3000.00	26000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	26000.00	92000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	92000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	23257.26	104399.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23257.26	104399.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment is being filed to correct a contribution that had mistakenly been reported on line 23 instead of the correct line 29. (Friends of Mike Curtin)

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ROBERT F F GLOVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5633 N KOSTNER AVENUE
 City CHICAGO State IL Zip Code 60646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8737743476
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. THOMAS E E HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 BROOKSIDE LN
 City LEMONT State IL Zip Code 60439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8737753476
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. LINDA S LOCKYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 NOE STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8737783476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00
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

FOR LINE NUMBER: PAGE 8 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. RONALD A A DEDELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1080 BIG WATER POINT
 City GREENSBORO State GA Zip Code 30642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737803476
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. LOIS A BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2934 CENTRAL ST #3E
 City EVANSTON State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737813476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. ANTHONY J J CAPRIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 COTTAGE LANE
 City MARLBORO State NJ Zip Code 07746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737933476
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 336.00
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		FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. KATHY S POPEJOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11127 W 59TH AVE
 City ARVADA State CO Zip Code 80004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 226.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737943476
 Amount of Each Receipt this Period 50.42
 P/R Deduction (\$25.21 Bi-Weekly)

B. MARYJANE E TEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6315 DUFFY ROAD
 City DELAWARE State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737953476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$-38.00 Bi-Weekly)

C. FREDERICK D CK D NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7303 DEACON COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737963476
 Amount of Each Receipt this Period 81.20
 P/R Deduction (\$40.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	207.62
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

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)
A. LISA A ASHBY

Mailing Address 9165 TERRAZZA N CRT

City DUBLIN	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation PRESIDENT, CATEGORY
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8738003476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ELIZABETH R TH R CARNES

Mailing Address 4830 BROOKSVIEW CIR

City NEW ALBANY	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ACCOUNT MGMT
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8738033476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BENJAMIN T N T THOMPSON

Mailing Address 2029 LEWIS CROSSING COURT

City KELLER	State TX	Zip Code 76248
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8738143476

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	276.00
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		FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL A A LYNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 E ROSEMARY
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CONSULTING SR EXECUT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8738173476
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. LAUREL BEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 EAGLE TRL
 City OXFORD State MI Zip Code 48371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES TRAINING
 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
 04 / 30 / 2012
Transaction ID : PR8738203476
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. DAVID A GOLDSBERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 ST ANDREWS LN
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8738213476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	510.60
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		FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL L L GROESBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 33916 N SUMMERFIELDS DR
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738233476
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DEBRA L SCHOTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 THORNWOOD AVENUE
 City WILMETTE State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PATIENT CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738273476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. STEVEN B B MERKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1481 COUNTRY LN
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUS PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738293476
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	260.00
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		FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. CINDY ROSER		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738333476
Mailing Address 5090 PK BROOKE WKWY		Amount of Each Receipt this Period 100.00
City ALPHARETTA	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, SOUTHEAST RE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. STEPHEN A A INACKER		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738353476
Mailing Address 1490 S RIDGE ROAD		Amount of Each Receipt this Period 75.76
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		P/R Deduction (\$37.88 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation PRES, MEDICAL CHANNE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.92	

Full Name (Last, First, Middle Initial) C. SUSAN J JACOBSON		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738453476
Mailing Address 1813 NEWTON AVENUE		Amount of Each Receipt this Period 76.00
City PARK RIDGE	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

SUBTOTAL of Receipts This Page (optional).....▶	251.76
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		FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. KATE C SPIRKO
Full Name (Last, First, Middle Initial)

Mailing Address 6812 SPRUCE PINE DR

City COLUMBUS State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : PR8738513476

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

B. CHARLES L L COBB
Full Name (Last, First, Middle Initial)

Mailing Address 792 ELDORADO DR.

City SUPERIOR State CO Zip Code 80027

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT (STRAT A)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : PR8738543476

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

C. EDWARD SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 26 BERNON DRIVE

City LINCOLN State RI Zip Code 02865

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, TERRITORY SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : PR8738813476

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **228.00**

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	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. RENE BLOCH
Full Name (Last, First, Middle Initial)

Mailing Address 401 SPRING DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation EXEC TERRITORY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8738843476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. ANNLEA C C RUMFOLA
Full Name (Last, First, Middle Initial)

Mailing Address 8314 DAVINGTON DR

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8738853476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. JOHN A FIACCO
Full Name (Last, First, Middle Initial)

Mailing Address 124 FOX HAVEN DRIVE

City O'FALLON State MO Zip Code 63368

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS MGMT -

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8738863476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **228.00**

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		FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. TED L DIBIASE
Full Name (Last, First, Middle Initial)

Mailing Address 4954 ROSEGATE COURT

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ORG HEALTH & LAB

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.80

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738943476

Amount of Each Receipt this Period 122.40

P/R Deduction (\$61.20 Bi-Weekly)

B. JOSHUA T T GAINES
Full Name (Last, First, Middle Initial)

Mailing Address 5721 CLOVER LANE

City WESTERVILLE State OH Zip Code 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & CORP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738963476

Amount of Each Receipt this Period 58.00

P/R Deduction (\$29.00 Bi-Weekly)

C. GEORGE J J PLAVA
Full Name (Last, First, Middle Initial)

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77469

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 623.07

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739033476

Amount of Each Receipt this Period 138.46

P/R Deduction (\$69.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 318.86

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

FOR LINE NUMBER: PAGE 17 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. ROBERT S S SUMMERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 CHASELY CIRCLE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MKTG & PRODUCT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739053476
 Amount of Each Receipt this Period
 60.70
 P/R Deduction (\$30.35 Bi-Weekly)

B. SEAN M MCCAFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 BUCK RUN RD
 City State Zip Code
 SOUTHPOINTE PA 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739073476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. GARY G CACCIATORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 LOCH GLEN CT
 City State Zip Code
 HOUSTON TX 77059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, REGULATORY (ATTY)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739193476
 Amount of Each Receipt this Period
 72.32
 P/R Deduction (\$36.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 209.02
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

FOR LINE NUMBER: PAGE 18 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. JAMES L SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9318 PRATOLINA VILLA DRIVE
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, NATIONAL MARKET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739223476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. BRADLEY G G COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2589 AIKIN CIRCLE S
 City State Zip Code
 LEWIS CENTER OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739243476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. WILLIAM OWAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7558 HEATHERWOOD LN
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, OPERATIONAL EXC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 902.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739253476
 Amount of Each Receipt this Period 200.60
 P/R Deduction (\$100.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 376.60
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

FOR LINE NUMBER: PAGE 19 OF 49
(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 A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)
A. JEFFREY B B BRANNON

Mailing Address 3965 CLEARLAKE CIRCL

City State Zip Code
 ZANESVILLE OH 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT

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
 04 / 30 / 2012
Transaction ID : PR8739303476

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CRAIG P COWMAN

Mailing Address 6851 KILLILEA DRIVE

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, PRODUCT MANAGEM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739313476

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARGARET M T M LAVALLE

Mailing Address 9410 CULROSS CT

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, HR SERVICES

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739353476

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL C C KAUFMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7160 TEMPERANCE POINT ST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739383476
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. PETER A STOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1955 ENCLAVE DRIVE
 City MT PLEASANT State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739423476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. KEVIN M KANNALLY
 Full Name (Last, First, Middle Initial)
 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 CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739473476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	536.60
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	FOR LINE NUMBER: (check only one)	PAGE 21 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL P P KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4783 VISTA RIDGE DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 902.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739503476
 Amount of Each Receipt this Period 200.60
 P/R Deduction (\$100.30 Bi-Weekly)

B. CYNTHIA S S RHOMBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9379 REDAN COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739533476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. CAROLYN E E GRANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6869 MEADOW GLEN DR
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739543476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	352.60
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		FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. AARON L PITTS		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739573476
Mailing Address 5014 CLOSEBURN CT		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, STRATEGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. TROY L HANSON		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739583476
Mailing Address 5622 DORSEY DRIVE		Amount of Each Receipt this Period 90.68
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.06	P/R Deduction (\$45.34 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CASSANDRA E RA E BAKER		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739643476
Mailing Address 1751 BARRINGTON RD		Amount of Each Receipt this Period 129.10
City UPPER ARLINGTON	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, GOV'T RELATIONS M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.95	P/R Deduction (\$64.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	319.78
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		FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JAMES M BARKER
Full Name (Last, First, Middle Initial)

Mailing Address 2761 SKELTON LN

City BLACKLICK State OH Zip Code 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **268.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8739663476

Amount of Each Receipt this Period
59.64

P/R Deduction (\$33.65 Bi-Weekly)

B. STEPHEN T T FALK
Full Name (Last, First, Middle Initial)

Mailing Address 2175 LANE RD

City COLUMBUS State OH Zip Code 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation EVP & GENERAL COUNSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8739683476

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

C. CAROLE S S WATKINS
Full Name (Last, First, Middle Initial)

Mailing Address 1967 WOODLANDS PLACE

City POWELL State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF HUMAN RESOURCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8739723476

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	644.24
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	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. JON GIACOMIN		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739743476
Mailing Address 6792 INGALLS CT		Amount of Each Receipt this Period 150.00
City GALENA	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP, OPERATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBERT GIACALONE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739783476
Mailing Address 7471 BALFOURE CIRCLE		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, REG AFFAIRS/CHF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL D D BROWN		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739823476
Mailing Address 3103 SADDLE RIDGE		Amount of Each Receipt this Period 76.00
City RICHMOND	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS & ACCO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	326.00
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

FOR LINE NUMBER: PAGE 25 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. KATHRYN J J ABLEIDINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 ASHBURY CT
 City HUDSON State WI Zip Code 54016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739903476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DANIEL R R ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8124 CROOKED OAKS CT
 City GAINESVILLE State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARMACY OPERATI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739913476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. STEVE M LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4868 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739923476
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.00
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	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DAVID LAWRENCE
Full Name (Last, First, Middle Initial)

Mailing Address 326 VINWOOD LANE

City POWELL State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739943476

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. MARK E ROSENBAUM
Full Name (Last, First, Middle Initial)

Mailing Address 632 CHEOWA CIRCLE

City KNOXVILLE State TN Zip Code 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF CUSTOMER OFFIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739953476

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. DAVID E GAJESKI
Full Name (Last, First, Middle Initial)

Mailing Address 352 DORADO BEACH EAST

City DORADO State PR Zip Code 00646

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8740033476

Amount of Each Receipt this Period 76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.60

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	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. THERESA L L GOULD
Full Name (Last, First, Middle Initial)

Mailing Address 3418 BIG HICKORY DR.

City KINGWOOD State TX Zip Code 77345

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART

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
 04 / 30 / 2012
Transaction ID : PR8740133476

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. CONNIE WOODBURN
Full Name (Last, First, Middle Initial)

Mailing Address 9761 ERIN WOODS DR

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, PROF & GOV'T REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740153476

Amount of Each Receipt this Period
 270.00

P/R Deduction (\$135.00 Bi-Weekly)

C. ROBBIE D D JORGENSEN
Full Name (Last, First, Middle Initial)

Mailing Address 578 MORTS DRIVE

City WENTZVILLE State MO Zip Code 63385

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740163476

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 396.00

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	FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)
A. BRIAN WORTH

Mailing Address 5654 ROTHESAY DRIVE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUSINESS PAR

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
04 / 30 / 2012

Transaction ID : PR8740193476

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ERIC C CHRISTENSEN

Mailing Address 2481 SUTTER PARKWAY

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, COM

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
04 / 30 / 2012

Transaction ID : PR8740243476

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BLAIR R WILLIAMS

Mailing Address 663 LYNNFIELD DR

City WESTERVILLE State OH Zip Code 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, HR MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8740313476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **176.00**

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		FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ANDREW R R KELLER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3732

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, INVENTORY MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : PR874033476

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

B. ERIC M JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 8078 TRAIL LAKE DR

City POWELL State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, FINANCE (GENERAL)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : PR8740403476

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

C. DONNA B MANN
Full Name (Last, First, Middle Initial)

Mailing Address 6666 MCVEY BLVD

City WEST WORTHINGTON State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, HR MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **244.71**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : PR8740423476

Amount of Each Receipt this Period: **54.38**

P/R Deduction (\$27.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **206.38**

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		FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ERNEST P ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 105 RHINESTONE COURT

City ELIZABETHTOWN State KY Zip Code 42701

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8740473476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$-38.00 Bi-Weekly)

B. MARC D DELORENZO
Full Name (Last, First, Middle Initial)

Mailing Address 231 TILLER DRIVE

City POWELL State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8740493476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. WILLIAM B B CHRISTIAN
Full Name (Last, First, Middle Initial)

Mailing Address 3325 LITTLEPORT LANE

City ACWORTH State GA Zip Code 30101

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8740533476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
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

FOR LINE NUMBER: PAGE 31 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. MARY W BAXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9601 ST REGIS TERR
 City RICHMOND State VA Zip Code 23236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740553476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. JOHN S LINDSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 TIMBERKNOLL LOOP
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, ENTERPRISE INFR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740673476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JAMES E BACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 26061 TWIN POND RD
 City LAKE BARRINGTON State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740693476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.00
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

FOR LINE NUMBER: PAGE 32 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. JOHN J BYRNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 TUCKER DR
 City WORTHINGTON State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX TECHNICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740763476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. KENNETH H H ROBINETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9409 AVE MORE CT.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740783476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. BENNY SLEDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8016 W 138TH TERRACE
 City OVERLAND PARK State KS Zip Code 66223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740893476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.00
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	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JAMES W HILLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODSTREAM DR

City GRAND ISLAND State NY Zip Code 14072

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR8740903476

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

B. MICHAEL A A MONE
Full Name (Last, First, Middle Initial)

Mailing Address 4909 SCENIC CREEK DR

City POWELL State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, QRA MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR8740953476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. VANETT MARSHALL
Full Name (Last, First, Middle Initial)

Mailing Address 5585 PINE CONE CT

City LIBERTY TOWNSHIP State OH Zip Code 45044

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, INSIDE SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR8741003476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00

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

FOR LINE NUMBER: PAGE 34 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. MARTHA HUSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 E. SUNBURST LN
 City TEMPE State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, WEST REGION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741013476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DONALD C C GREENWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 OLD DUNN COURT
 City LAKE MARY State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741033476
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. ANDREW T T ALDERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 LEICESTER PL.
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741053476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 226.00
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		FOR LINE NUMBER: (check only one)	PAGE 35 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. SHELLEY A A BIRD		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8741063476
Mailing Address 7998 CARAWAY AVE		Amount of Each Receipt this Period 200.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP, PUBLIC AFFAIRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBERT S S THOMPSON		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8741073476
Mailing Address 8338 AMBERLEIGH WAY		Amount of Each Receipt this Period 50.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, OP EXCELLENCE DE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ISMAEL VILLARREAL		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8741103476
Mailing Address 7302 EMERALD GLEN DR		Amount of Each Receipt this Period 76.00
City SUGAR LAND	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	326.00
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

FOR LINE NUMBER: PAGE 36 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. DAVID A GONZALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 384 COLORADO DRIVE
 City CEDAR CREEK State TX Zip Code 78612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, GOVERNMENT REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741133476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. JESSICA L L MAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4852 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, BUS MGMT (ATTY)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741173476
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. ALAN SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6612 N. CREEKWOOD DR
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, QUALITY ASSURAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741283476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	236.00
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

FOR LINE NUMBER: PAGE 37 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. JOHN R WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7026 BLAKEMORE LANE
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, MARKETING MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741303476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. MATTHEW S MARGOLIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3065 SUMMER LEAF CT
 City State Zip Code
 GALENA OH 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, SALES & MARKETI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741443476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JOHN C RADEMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5006 ROSALIND LANE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC PRESIDENT, NUCLEAR &
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741483476
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.00
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	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DIANNE RADIGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 EASTCHESTER DR
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, COMMUNITY RELAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741513476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SALLY CURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9035 ESIN COURT
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, INVESTOR RELATI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741523476
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$75.00 Bi-Weekly)

C. GEORGE S S BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1038 MILL RD CIRCLE
 City State Zip Code
 RYDAL PA 19046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC CHAIRMAN/CEO, CARDIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741533476
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	610.60
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		FOR LINE NUMBER: (check only one)	PAGE 39 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. MARK PILKINGTON		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8741583476
Mailing Address 4367 HICKORY ROCK DR		Amount of Each Receipt this Period 76.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) B. CRAIG MORFORD		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8741593476
Mailing Address 5565 LAKE SHORE AVE,		Amount of Each Receipt this Period 384.60
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF COMPLIANCE/LEG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

Full Name (Last, First, Middle Initial) C. TOHID A VAHEDIAN		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8741633476
Mailing Address 1857 COLLINGSWOOD RD		Amount of Each Receipt this Period 50.00
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM MED SVCS & S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	510.60
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	FOR LINE NUMBER: (check only one)	PAGE 40 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JOEL M BARCZAK
Full Name (Last, First, Middle Initial)

Mailing Address 1570 COUNTRY WALK DR

City FLEMING ISLAND	State FL	Zip Code 32003
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8741673476

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. HENRY M CHILTON
Full Name (Last, First, Middle Initial)

Mailing Address 32 PALISADES PARKWAY

City OAK RIDGE	State TN	Zip Code 37830
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, SALES
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8741723476

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. WILLIAM S S CLAUNCH
Full Name (Last, First, Middle Initial)

Mailing Address 10744 CAMPDEN LAKES BLVD

City DUBLIN	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGY MGMT
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8741733476

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
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

FOR LINE NUMBER: PAGE 41 OF 49
(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 A/K/A Cardinal Health Companies PAC

A. LUKE C AUGUSTINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10834 S 166TH ST
 City OMAHA State NE Zip Code 68136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741743476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. BENSON P P YANG
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 LAKESIDE DRIVE
 City CORTE MADERA State CA Zip Code 94925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741773476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JACK L COFFEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 BAY SHORE DRIVE
 City ROCKWOOD State TN Zip Code 37854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741823476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.00
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		FOR LINE NUMBER: (check only one)	PAGE 42 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MARC B MULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 1650 SHERBORNE LANE

City POWELL	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM PRESOURCE
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8741853476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. MICHAEL A A MARUSA
Full Name (Last, First, Middle Initial)

Mailing Address 38 ALPINE CIRCLE

City SANDY HOOK	State CT	Zip Code 06482
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8741913476

Amount of Each Receipt this Period

38.00

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

C. PATRICIA A MORRISON
Full Name (Last, First, Middle Initial)

Mailing Address 55 EAST ERIE #3801

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation EVP, CIO
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8742063476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	238.00
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	FOR LINE NUMBER: (check only one)	PAGE 43 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MARJORIE E CUMMINS
Full Name (Last, First, Middle Initial)

Mailing Address 5928 ROUNDSTONE

City DUBLIN	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, OPERATIONAL EXCE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8742073476

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. MARK BLAKE
Full Name (Last, First, Middle Initial)

Mailing Address 2226 BRYDEN ROAD

City COLUMBUS	State OH	Zip Code 43209
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation EVP, STRATEGY & CORP
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8742093476

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. GILBERTO O QUINTERO
Full Name (Last, First, Middle Initial)

Mailing Address 6650 BRODIE BLVD

City DUBLIN	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, QRA
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR8742123476

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	536.60
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	FOR LINE NUMBER: (check only one)	PAGE 44 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LANE CHERAMIE
Full Name (Last, First, Middle Initial)

Mailing Address 152 WEST 117TH STREET

City State Zip Code
CUT OFF LA 70345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, HEALTH SYSTEM P

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR8742163476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. JEFFREY SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 300 W. SPRING STREET #1502

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, GM P4 HEALTHCAR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **902.70**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR8742193476

Amount of Each Receipt this Period
200.60

P/R Deduction (\$100.30 Bi-Weekly)

C. ROBERT WELLS
Full Name (Last, First, Middle Initial)

Mailing Address 301 BRIDLE PATH LANE

City State Zip Code
ANNAPOLIS MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC VP, ASC GEN CSL, COM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR8742203476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **352.60**

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	FOR LINE NUMBER: (check only one)	PAGE 45 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. CATHERINE S NE S KENWORTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 SLATE RUN WOODS COURT
 City COLUMBUS State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742253476
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. MEGHAN FITZGERALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 MORGAN
 City NORWALK State CT Zip Code 06851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, SPECIALTY SOLU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742283476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. DANIEL MOVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 987 RETREAT LANE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, PARMED PHARM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742313476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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		FOR LINE NUMBER: (check only one)	PAGE 46 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MATTHEW G G BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 13602 ASHLEY RUN

City HOUSTON State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8742353476

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. RAMON GREGORY
Full Name (Last, First, Middle Initial)

Mailing Address 9003 MEDITERRA PLACE

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, CUSTOMER SERVIC

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
04 / 30 / 2012

Transaction ID : PR8742393476

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. NICHOLAS S AUGUSTINOS
Full Name (Last, First, Middle Initial)

Mailing Address 2416 15TH STREET

City SAN FRANCISCO State CA Zip Code 94114

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, HEALTH INFO & S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR8742413476

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	326.00
TOTAL This Period (last page this line number only).....	13013.06

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : 6315298

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Altmire

Mailing Address 233 Pennsylvania Ave SE 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Jason Altmire

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2012

Transaction ID : 6348253

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Lincoln PAC

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Lincoln PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : 6356004

Amount of Each Disbursement this Period

5000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Glacier PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Glacier PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : 6365547

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Boehner for Speaker

Mailing Address 100 E. Broad St. Ste 2330

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Joint Fundraiser

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2012

Transaction ID : 6365649

Amount of Each Disbursement this Period

10000.00

Joint Fundraiser

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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

23000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City State Zip Code
Sylvania OH 43560

Purpose of Disbursement
Barbara Sears, STATE HOUSE 46th OH

Candidate Name
OH Rep. Barbara Sears

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	2

Transaction ID : 6316270

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Barbara Sears, STATE HOUSE 46th OH

Full Name (Last, First, Middle Initial)

B. Friends of Mike Curtin

Mailing Address 545 E Town St

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Mike Curtin, STATE HOUSE 17th OH

Candidate Name
Mike Curtin

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	2

Transaction ID : 6320486

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Mike Curtin, STATE HOUSE 17th OH

Full Name (Last, First, Middle Initial)

C. Citizens for Hottinger

Mailing Address 2135 Horns Hill Rd

City State Zip Code
Newark OH 43055

Purpose of Disbursement
Jay Hottinger, STATE HOUSE 71st OH

Candidate Name
Jay Hottinger

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 71

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	2

Transaction ID : 6365648

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Jay Hottinger, STATE HOUSE 71st OH

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---