

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

ADDRESS (number and street) 7000 Cardinal Place Dublin OH 43017 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00332833 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) X Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 01 2013 through 09 30 2013

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

Type or Print Name of Treasurer Nancy Cushman

Signature of Treasurer Nancy Cushman [Electronically Filed] Date 10 18 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Cardinal Health Inc. PAC AKA 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="2013"/>	<input type="text" value="191856.82"/>	<input type="text" value="191856.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="201931.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="21219.53"/>	<input type="text" value="217912.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="223151.31"/>	<input type="text" value="409769.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30512.00"/>	<input type="text" value="217129.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="192639.31"/>	<input type="text" value="192639.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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 AKA Cardinal Health Companies PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18836.39	142370.10
(ii) Unitemized .....	2349.28	71719.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21185.67	214089.16
(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) .....	21185.67	214089.16
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	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	33.86	323.22
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))..... ▶	21219.53	217912.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21219.53	217912.38

**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 .....	112.00	112.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	112.00	112.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20900.00	153500.00
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	17.89
(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	17.89
29. Other Disbursements .....	9500.00	63500.00
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)) ..	30512.00	217129.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30512.00	217129.89

**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) .....	21185.67	214089.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	17.89
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21185.67	214071.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	112.00	112.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	112.00	112.00

**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 6 OF 109
<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. OLA M SNOW</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR10055347054</b>
Mailing Address 267 DONERAIL AVE		Amount of Each Receipt this Period 100.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KELLI M KOVAK</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR11742637054</b>
Mailing Address 195 N HARBOR DR #802		Amount of Each Receipt this Period 76.00
City CHICAGO	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	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 ▼ 532.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. ROSEMARY PITTS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR11872537054</b>
Mailing Address 8673 FINLARIG DR.		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, FINANCE (GENERAL)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<b>TOTAL</b> 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 7 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. TIFFANY P OLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15402 HIDDEN OAKS LANE

City CARMEL State IN Zip Code 46033

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

Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, NUCLEAR &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR12067017054**

Amount of Each Receipt this Period 384.60

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

**B. JAMES F BALZER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3510 DEEP COVE DRIVE

City CUMMING State GA Zip Code 30041

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

Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, OPS TECHNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.60

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7796917054**

Amount of Each Receipt this Period 21.76

P/R Deduction (\$10.88 Bi-Weekly)

**C. PAUL R LEODLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8696 NW ANDERSON HILL RD

City SILVERDALE State WA Zip Code 98383

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHYSICAL SECURI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7800617054**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 444.36

**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 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8737747054**  
 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 8093 WILDWOOD LANE  
 City DARIEN State IL Zip Code 60561  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8737757054**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. TONY SZADO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5342 S LEWISTON CT  
 City CENTENNIAL State CO Zip Code 80015  
 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 ▼ 361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8737767054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.00  
**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 109
	<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 AKA Cardinal Health Companies PAC**

**A. MARK R OVERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 WYNDHAM HILL CT

City SOUTHLAKE State TX Zip Code 76092

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 ▼ **386.18**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR873777054**

Amount of Each Receipt this Period  
**39.32**

P/R Deduction (\$19.66 Bi-Weekly)

**B. 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 (HEALTH)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8737787054**

Amount of Each Receipt this Period  
**76.00**

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

**C. 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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8737807054**

Amount of Each Receipt this Period  
**60.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **175.32**

**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 10 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. LOIS A BARRETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6165 HAZELWOOD AVE

City INDIANAPOLIS State IN Zip Code 46228

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 ▼ **722.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8737817054**

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

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

**B. MARK T HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6308 MCCOY

City SHAWNEE State KS Zip Code 66226

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 ▼ **294.17**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8737877054**

Amount of Each Receipt this Period: **31.52**

P/R Deduction (\$15.76 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 ▼ **2000.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8737937054**

Amount of Each Receipt this Period: **200.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **307.52**

**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 109
<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 AKA 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8737947054**

Amount of Each Receipt this Period  

52.14
-------

P/R Deduction (\$26.07 Bi-Weekly)

**B. FREDERICK D CK D NELSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7303 DEACON COURT

City DUBLIN	State OH	Zip Code 43017
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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 ▼ **766.27**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8737967054**

Amount of Each Receipt this Period  

20.71
-------

P/R Deduction (\$20.71 Bi-Weekly)

**C. CHRISTOPHER J PHER J ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3600 GEORGE PIERCE

City SUWANEE	State GA	Zip Code 30024
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8737997054**

Amount of Each Receipt this Period  

38.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.85</b>
<b>TOTAL</b> 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 109
<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 AKA Cardinal Health Companies PAC**

**A. LISA A ASHBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 MUIRFIELD CT  
City AUGUSTA State GA Zip Code 30907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation PRES, MED DEVICE & D  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR8738007054**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. BRAD WILSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30121 FIDDLERS GREEN  
City FARMINGTON HILLS State MI Zip Code 48334  
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 ▼ 270.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR8738017054**  
Amount of Each Receipt this Period 27.00  
P/R Deduction (\$13.50 Bi-Weekly)

**C. DOUGLAS J J KATZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 MCCUE RD  
City MORGANVILLE State NJ Zip Code 07751  
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 ▼ 380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR8738027054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> 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 109
	<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 AKA Cardinal Health Companies PAC**

**A. HARRY T VAIL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2693 FOX RIVER LN

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT (PR)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738047054**

Amount of Each Receipt this Period  
 380.00

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

**B. DAVID B RENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6909 MARIS CT

City BURLESON State TX Zip Code 76028

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 ▼ 286.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738097054**

Amount of Each Receipt this Period  
 29.20

P/R Deduction (\$14.60 Bi-Weekly)

**C. JAMES A WHIDDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 CHERRY LANE

City CHESTER State NY Zip Code 10918

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738107054**

Amount of Each Receipt this Period  
 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.20

**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 109
	<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 AKA Cardinal Health Companies PAC**

**A. ROBERT M M RANDKLEV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4708 MEANDERING WAY  
 City COLLEYVILLE State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HSS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738117054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. GEOFFREY Y Y Y MCMAHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57-531 KAMEHAMEHA HWY  
 City KAHUKU State HI Zip Code 96731  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738127054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. BENJAMIN T N T THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2029 LEWIS CROSSING COURT  
 City KELLER State TX Zip Code 76248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation NVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738147054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.00  
**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 109
	<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 AKA Cardinal Health Companies PAC**

**A. DONALD R R HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1848 OVERLOOK DRIVE  
 City MOUNT DORA State FL Zip Code 32757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738167054**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$15.00 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 EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738207054**  
 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 ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738217054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 156.00  
**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 109
	<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 AKA Cardinal Health Companies PAC**

**A. DANIEL L L SWANBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3648 TIERRA PARIS  
 City EL PASO State TX Zip Code 79938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ENGINEERING MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738227054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738237054**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 PERIOPERATIV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738277054**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.00
<b>TOTAL</b> 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 17 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. GREGG A BREWSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3710 FENCELINE ROAD  
 City FRANKSVILLE State WI Zip Code 53126  
 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 ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738287054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHELE B B DONATICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 PENNY LANE  
 City GRAYSLAKE State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CUSTOMER ADVOCA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738307054**  
 Amount of Each Receipt this Period 28.30  
 P/R Deduction (\$14.15 Bi-Weekly)

**C. FRANK E RIDGWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11513 TOTTENHAM PL  
 City RICHMOND State VA Zip Code 23233  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738327054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	106.30
<b>TOTAL</b> 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 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. GREG W STORM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 CHALLAIN DRIVE  
 City LITTLE ROCK State AR Zip Code 72223-5517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 539.60

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738347054**  
 Amount of Each Receipt this Period 39.38  
 P/R Deduction (\$23.40 Bi-Weekly)

**B. STEPHEN A A INACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1490 S RIDGE ROAD  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, HOSPITAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 759.72

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738357054**  
 Amount of Each Receipt this Period 77.88  
 P/R Deduction (\$38.94 Bi-Weekly)

**C. WILFRIDO M O M SOSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 LIVE OAK  
 City EL PASO State TX Zip Code 79932  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738417054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.26  
**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 19 OF 109
<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. SUSAN J JACOBSON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8738457054</b>
Mailing Address 65 EAST MONROE #4606		Amount of Each Receipt this Period 76.00
City CHICAGO State IL Zip Code 60603	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	Aggregate Year-to-Date 760.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROBERT B B HOBGOOD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8738467054</b>
Mailing Address 215 N. PINE STREET UNIT 3903		Amount of Each Receipt this Period 38.00
City CHARLOTTE State NC Zip Code 28202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)	Aggregate Year-to-Date 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. EVELYN LONG</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8738487054</b>
Mailing Address 3333 HAWKS RIDGE DR		Amount of Each Receipt this Period 40.00
City LAKELAND State FL Zip Code 33810	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<b>TOTAL</b> 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 109
<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL M M SINIGAGLIA</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8738507054</b>
Mailing Address 57 WILLETS DR		Amount of Each Receipt this Period 300.00
City SYOSSET	State NY	Zip Code 11791
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. KATE C SPIRKO</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8738517054</b>
Mailing Address 6812 SPRUCE PINE DR		Amount of Each Receipt this Period 76.00
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MERGER INTEGRATI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) <b>C. RACHEL R R STOLL</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8738537054</b>
Mailing Address 4228 ST. ANDREWS BLVD		Amount of Each Receipt this Period 76.00
City IRVING	State TX	Zip Code 75038
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	182.00
<b>TOTAL</b> 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 109
	<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. STACY SEPTER</b>		Date of Receipt
Mailing Address 18 MILLER DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SYLACAUGA	AL	35151
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR8738567054</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	EXEC, ACCOUNT	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JAMES H HORNER</b>		Date of Receipt
Mailing Address 2706 ISLAND COVE ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
FORT MILL	SC	29708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR8738597054</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	DIR, MANUFACTURING M	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PAUL S POGUE</b>		Date of Receipt
Mailing Address 1174 GREERS LANDING DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
HERNANDO	MS	38632
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR8738607054</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	DIR, MKTG & PRODUCT	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="114.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 109
	<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

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 AKA Cardinal Health Companies PAC**

**A. BRENDA G G BARDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3435 ALTA VISTA DR  
 City CHATTANOOGA State TN Zip Code 37411  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738617054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DANNY W PENNY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 N LAKE AVE  
 City THIRD LAKE State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PACKAGING ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738647054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JAY C GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1472 MILL RACE  
 City ROCHESTER HILLS State MI Zip Code 48306  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738657054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00  
**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 23 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. MARK MISPLAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4007 CHELSEA GREEN EAST  
City NEW ALBANY State OH Zip Code 43054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT (AM)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738667054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. MATT J KOHUT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 809 EAST ROCKLAND RD  
City LIBERTYVILLE State IL Zip Code 60048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, MEDICAL DEVICE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738677054**  
Amount of Each Receipt this Period 26.00  
P/R Deduction (\$13.00 Bi-Weekly)

**C. CURTIS L L WILENS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1347 COVENTRY LN  
City NORTHBROOK State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING RESEA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738687054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.00  
**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 24 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. TAYLOR H H SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1141 OLD COLONY RD

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, HCIQ & BUSINESS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738697054**

Amount of Each Receipt this Period 38.00

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

**B. JOHN W SAFFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2130 W NORTH AVE #302

City CHICAGO State IL Zip Code 60622

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738717054**

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. SCOTT A DONNELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 12195 ANDREWS DRIVE

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, MARKETING MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738757054**

Amount of Each Receipt this Period 40.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 106.00

**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 25 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. ROBERT MOULTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7017 VIOLET VEIL

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : PR8738767054**

Amount of Each Receipt this Period  

380.00
--------

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

**B. JOSEPH L L BOURQUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 BUSH HILL RD

City IPSWICH	State MA	Zip Code 01938
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : PR8738777054**

Amount of Each Receipt this Period  

38.00
-------

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

**C. STEPHEN REARDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 9098 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 VP, QRA MGMT
--	----------------------------

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
09		30		2013

**Transaction ID : PR8738787054**

Amount of Each Receipt this Period  

40.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>116.00</b>
<b>TOTAL</b> 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 109
<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 AKA Cardinal Health Companies PAC**

**A. PAUL G FARLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 ONONDEGA RD  
City NARRAGANSETT State RI Zip Code 02882  
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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738807054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. DANIEL BISHOP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21614 CANYON FOREST CT  
City KATY State TX Zip Code 77450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738827054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C. PATRICK J J ECKHERT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4685 SEVEN LAKES PL  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC SOURC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738837054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 114.00  
**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 27 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

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

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 ▼ **760.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8738847054**

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

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

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

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, SOFTWARE ENGINEER

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8738857054**

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

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

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

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 ▼ **760.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8738867054**

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 28 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. MICHAEL D D SYNOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31772 FAIRWAY DR N  
 City State Zip Code  
 FORISTELL MO 63348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, TERRITORY SALES  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738887054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ERIC D SUTHERLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6433 TULIPWOOD LANE  
 City State Zip Code  
 JAMESVILLE NY 13078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738907054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. KRISTINA M A M ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5464 HEATHROW DRIVE  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, RESEARCH PROJEC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 273.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8738917054**  
 Amount of Each Receipt this Period  
 27.94  
 P/R Deduction (\$13.97 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.94
<b>TOTAL</b> 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 29 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. ANDRE D SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2514 BLUE WATER BAY DR  
 City KATY State TX Zip Code 77494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738937054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. 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 ▼ 1224.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738947054**  
 Amount of Each Receipt this Period 122.40  
 P/R Deduction (\$61.20 Bi-Weekly)

**C. 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 ▼ 580.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8738967054**  
 Amount of Each Receipt this Period 58.00  
 P/R Deduction (\$29.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.40  
**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 109
	<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 AKA Cardinal Health Companies PAC**

**A. STEPHEN FLANNERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 275 EAST CENTER ST

City SHAVERTOWN State PA Zip Code 18708

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 ▼ **477.36**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR8738987054**

Amount of Each Receipt this Period **42.98**

P/R Deduction (\$21.49 Bi-Weekly)

**B. CHARLES AQUILINA**  
Full Name (Last, First, Middle Initial)

Mailing Address 4871 NORMANDY DRIVE

City GALENA State OH Zip Code 43021

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, MKTG & PRODUCT M

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR8738997054**

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77406

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 ▼ **1384.60**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR8739037054**

Amount of Each Receipt this Period **138.46**

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

**SUBTOTAL** of Receipts This Page (optional)..... **219.44**

**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 31 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. ROBERT S S SUMMERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 CHASELY CIRCLE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739057054**  
 Amount of Each Receipt this Period 61.44  
 P/R Deduction (\$30.72 Bi-Weekly)

**B. NATASHA C C NICOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 RED TAIL HAWK LOOP  
 City PAWLEYS ISLAND State SC Zip Code 29585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739067054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. SEAN M MCCAFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 BUCK RUN RD  
 City SOUTHPOINTE State PA Zip Code 15317  
 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 ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739077054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.44
<b>TOTAL</b> 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 32 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. DEBORAH E E WOLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 LAKE MIST DRIVE

City SUGAR LAND State TX Zip Code 77479

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739087054**

Amount of Each Receipt this Period  
 400.00

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

**B. STEVEN J J CALLISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1368 LINCOLN ROAD

City COLUMBUS State OH Zip Code 43212

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 377.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739097054**

Amount of Each Receipt this Period  
 38.56

P/R Deduction (\$19.28 Bi-Weekly)

**C. RONALD M M WADSWORTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4310 SUFFOLK WAY

City EL DORADO HILLS State CA Zip Code 95762

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739107054**

Amount of Each Receipt this Period  
 30.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.56
<b>TOTAL</b> 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 109
	<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 AKA Cardinal Health Companies PAC**

**A. WILLIAM F F SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 8501 HEATHERWOOD DRIVE

City SAVANNAH	State GA	Zip Code 31406
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SR CNSLT, BUS ANALYS
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8739157054**

Amount of Each Receipt this Period  
21.16

P/R Deduction (\$10.58 Bi-Weekly)

**B. DEBORAH BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3204 STONEBRIDGE TR

City VALRICO	State FL	Zip Code 33596
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8739177054**

Amount of Each Receipt this Period  
38.00

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

**C. GARY G CACCIATORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3810 LOCH GLEN CT

City HOUSTON	State TX	Zip Code 77059
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
746.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8739197054**

Amount of Each Receipt this Period  
75.98

P/R Deduction (\$37.99 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.14
<b>TOTAL</b> 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 34 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. RICHARD F F COLLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2903 21ST AVE CT SE

City PUYALLUP	State WA	Zip Code 98372-1712
------------------	-------------	------------------------

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 ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8739207054**

Amount of Each Receipt this Period  

380.00
--------

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

**B. JAMES L SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 9318 PRATOLINA VILLA DRIVE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, NATIONAL MARKET
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8739227054**

Amount of Each Receipt this Period  

100.00
--------

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

**C. BRADLEY G G COCHRAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2589 AIKIN CIRCLE S

City LEWIS CENTER	State OH	Zip Code 43035
----------------------	-------------	-------------------

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 ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8739247054**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>214.00</b>
<b>TOTAL</b> 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 109
<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 AKA Cardinal Health Companies PAC**

**A. WILLIAM OWAD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7558 HEATHERWOOD LN  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, OPERATIONAL EXC  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2006.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8739257054**  
Amount of Each Receipt this Period: **200.60**  
P/R Deduction (\$100.30 Bi-Weekly)

**B. LISA A STILLINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5833 WHITECRAIGS CT  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, FIN PLNG & ANAL  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **380.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8739297054**  
Amount of Each Receipt this Period: **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**C. JEFFREY B B BRANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3965 CLEARLAKE CIRCL  
City ZANESVILLE State OH Zip Code 43701  
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 **500.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8739307054**  
Amount of Each Receipt this Period: **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **288.60**  
**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 36 OF 109
	<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 AKA Cardinal Health Companies PAC**

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

Mailing Address 6851 KILLILEA 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, PRODUCT MANAGEM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 30 / 2013  
Transaction ID : PR8739317054

Amount of Each Receipt this Period  
100.00

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

**B. LORI S HAVLOVITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 8969 SUNNINGDALE LANE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
Transaction ID : PR8739327054

Amount of Each Receipt this Period  
38.00

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

**C. TRACY K GODFREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 POLARIS PARKWAY # 175

City COLUMBUS State OH Zip Code 43240

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC PRICI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
Transaction ID : PR8739337054

Amount of Each Receipt this Period  
38.00

P/R Deduction (\$19.00 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 37 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. MARK D ZAWADZKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5991 KITCHEN CT  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, FINANCE (GENERAL)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : PR8739347054**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. MARGARET M T M LAVALLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9410 CULROSS CT  
 City DUBLIN State OH Zip Code 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 ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : PR8739357054**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. JOSEPH S S HODGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2260 GNARLED PINE DRIVE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC EXEC, ACCOUNT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : PR8739367054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 178.00  
**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 109
	<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 AKA 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 ▼ 3846.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739387054**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GREGORY BOGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7746 POLO 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, SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739397054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ANGELA M M THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9287 WINDY CREEK DR  
 City COLUMBUS State OH Zip Code 43240  
 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 ▼ 400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739407054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 462.60  
**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 109
	<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 AKA Cardinal Health Companies PAC**

**A. AMY P SNOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 5760 WHITECRAIGS CT

City DUBLIN State OH Zip Code 43017

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 ▼ **380.00**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR8739417054**

Amount of Each Receipt this Period **38.00**

P/R Deduction (\$19.00 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, ACCOUNT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **722.00**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR8739427054**

Amount of Each Receipt this Period **76.00**

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

**C. LAURA L SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5828 IVY BRANCH DR

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR8739467054**

Amount of Each Receipt this Period **38.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **152.00**

**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 40 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. 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 ▼ 760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739477054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. DANA R THACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2934 GRIFFIN DR  
 City LEWIS CENTER State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739487054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JAMES P COMBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69259 LEE ROAD  
 City ST CLAIRSVILLE State OH Zip Code 43950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739497054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 152.00  
**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 41 OF 109
	<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 AKA 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 ▼ 1905.70

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739507054**  
 Amount of Each Receipt this Period 200.60  
 P/R Deduction (\$100.30 Bi-Weekly)

**B. 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 ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739547054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. KRISTINA J A J KALLMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 LAKEMONT DRIVE  
 City SPRINGBORO State OH Zip Code 45066  
 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 ▼ 400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739557054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.60
<b>TOTAL</b> 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 109
	<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 AKA Cardinal Health Companies PAC**

**A. TROY L HANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5622 DORSEY DRIVE

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **914.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739587054**

Amount of Each Receipt this Period  
**92.18**

P/R Deduction (\$46.09 Bi-Weekly)

**B. PATRICK A A SELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3460 HYATTS RD

City POWELL State OH Zip Code 43065

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739617054**

Amount of Each Receipt this Period  
**38.00**

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

**C. CASSANDRA E RA E BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1751 BARRINGTON RD

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1319.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739647054**

Amount of Each Receipt this Period  
**134.32**

P/R Deduction (\$67.16 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>264.50</b>
<b>TOTAL</b> 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 109
	<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 AKA 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 ▼ **688.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR8739667054**

Amount of Each Receipt this Period  
**70.30**

P/R Deduction (\$35.15 Bi-Weekly)

**B. JAMES J HOMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 EDEN PARK DRIVE

City FRANKLIN State TN Zip Code 37067

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR8739677054**

Amount of Each Receipt this Period  
**27.16**

P/R Deduction (\$13.58 Bi-Weekly)

**C. 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 ▼ **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR8739687054**

Amount of Each Receipt this Period  
**200.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>297.46</b>
<b>TOTAL</b> 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 109
	<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. CHAD E SANDERS</b>		Date of Receipt
Mailing Address 831 ELLIS ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR8739717054</b>
PICKERINGTON	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="240.00"/>
Name of Employer	Occupation	P/R Deduction (\$12.00 Bi-Weekly)
CARDINAL HEALTH, INC	EXEC, TERRITORY SALE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CAROLE S S WATKINS</b>		Date of Receipt
Mailing Address 1967 WOODLANDS PLACE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR8739727054</b>
POWELL	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="384.60"/>
Name of Employer	Occupation	P/R Deduction (\$192.30 Bi-Weekly)
CARDINAL HEALTH, INC	CHIEF HUMAN RESOURCE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3846.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARY C SCHERER</b>		Date of Receipt
Mailing Address 223 WEATHERBURN CT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR8739737054</b>
POWELL	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$15.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, FINANCE (GENERAL)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="438.60"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 45 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. JON GIACOMIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6792 INGALLS CT  
 City State Zip Code  
 GALENA OH 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC EVP, OPERATIONS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739747054**  
 Amount of Each Receipt this Period  
 150.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. DALE A HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5931 HERITAGE FARMS DR  
 City State Zip Code  
 HILLIARD OH 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, PHARM STRAT SOU  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739757054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ANNE F MCCLUSKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10910 E SAN TAN BLVD  
 City State Zip Code  
 SUN LAKES AZ 85248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, CLINICAL OPS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739767054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 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 46 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. ROBERT GIACALONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7471 BALFOURE CIRCLE

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739787054**

Amount of Each Receipt this Period 100.00

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

**B. PAMELA S S HOLOHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 E WASHINGTON ST

City GARDNER State IL Zip Code 60424

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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739797054**

Amount of Each Receipt this Period 38.00

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

**C. DEBRA A FLUNO**  
Full Name (Last, First, Middle Initial)

Mailing Address 622 SUNNYSIDE AVE

City GURNEE State IL Zip Code 60031

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739807054**

Amount of Each Receipt this Period 38.00

P/R Deduction (\$19.00 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 47 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. MICHAEL D D BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3103 SADDLE RIDGE  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739827054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. JACQUELINE A INE A GLEASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N 7896 VALLEY VIEW RD  
 City NEW GLARUS State WI Zip Code 53574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739877054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ANTHONY D D WOO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6151 HADDO WAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORP DEVEL, FIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739887054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.00  
**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 48 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)  
**A. TERESA M M JANZ**  
 Mailing Address 2431 N. 84TH STREET  
 City State Zip Code  
 WAUWATOSA WI 53226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, ACCOUNT MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739897054**  
 Amount of Each Receipt this Period  
 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. KATHRYN J J ABLEIDINGER**  
 Mailing Address 34 ASHBURY CT  
 City State Zip Code  
 HUDSON WI 54016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739907054**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DANIEL R R ROBINSON**  
 Mailing Address 8124 CROOKED OAKS CT  
 City State Zip Code  
 GAINESVILLE VA 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, PHARM OPS & ACCO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739917054**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**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 49 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. 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 ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739927054**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. GORDON A A CRAWFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 RICHARDS RD.  
 City UTICA State OH Zip Code 43080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT PROG/PROJ MG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739937054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8739947054**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 338.00  
**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 50 OF 109
	<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

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 AKA Cardinal Health Companies PAC**

**A. MARK E ROSENBAUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 HAMMOCK LANE  
 City KNOXVILLE State TN Zip Code 37934  
 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 ▼ 3846.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739957054**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STUART MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9711 CONCORD RIDGE  
 City BRENTWOOD State TN Zip Code 37027  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739977054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. LAWRENCE E MALHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 LONE OAK DRIVE  
 City WHITE HOUSE State TN Zip Code 37188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8739987054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 460.60  
**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 51 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. JOHN E HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 CULLEN DR  
 City MOBILE State AL Zip Code 36606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, FRANCHISE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740017054**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. DAVID E GAJESKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21406 SAUNTON DR  
 City KATY State TX Zip Code 77450  
 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 ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740037054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. KENDELL F F SHERRER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 SOUTH PARKVIEW AVENUE SUITE 305  
 City BEXLEY State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BENEFITS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740087054**  
 Amount of Each Receipt this Period 40.22  
 P/R Deduction (\$20.11 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 146.22  
**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 52 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. GARY B ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 6146 BALMORAL 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, HSS SALES
--	------------------------------

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
09	/	30	/	2013

**Transaction ID : PR8740097054**

Amount of Each Receipt this Period  

400.00
--------

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

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

Mailing Address 7170 KINGSCOTE CT.

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HUMAN RESOURCES
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8740107054**

Amount of Each Receipt this Period  

38.00
-------

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

**C. LEEANN EVENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1423 SHADY VALLEY

City SUGAR LAND	State TX	Zip Code 77479
--------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SR CNSLT, BUS ANALYS
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8740117054**

Amount of Each Receipt this Period  

30.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.00</b>
<b>TOTAL</b> 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 53 OF 109
	<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. THERESA L L GOULD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8740137054</b>
Mailing Address 3418 BIG HICKORY DR.		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. TINA M STAVINOHA</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8740147054</b>
Mailing Address 125 ARROW ROAD		Amount of Each Receipt this Period 38.00
City EAGLE LAKE	State TX	Zip Code 77434
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, LEARNING MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. CONNIE WOODBURN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8740157054</b>
Mailing Address 9761 ERIN WOODS DR		Amount of Each Receipt this Period 270.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, PROF & GOVT REL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	
		P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.00
<b>TOTAL</b> 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 55 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. ERIC C CHRISTENSEN**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740247054**  
 Amount of Each Receipt this Period 500.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. RAYMOND GROTZINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 0836 SW CURRY ST # 102  
 City PORTLAND State OR Zip Code 97239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MULTI-FUNCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740277054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ROBERT G G MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2818 FRANCIS LANE  
 City COSTA MESA State CA Zip Code 92626  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740287054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.00  
**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 56 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. DAVID M ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 6521 GOYA WAY

City	State	Zip Code
EL DORADO HILLS	CA	95762

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8740297054**

Amount of Each Receipt this Period  

380.00
--------

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

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

Mailing Address 663 LYNNFIELD DR

City	State	Zip Code
WESTERVILLE	OH	43081

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8740317054**

Amount of Each Receipt this Period  

76.00
-------

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

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

Mailing Address PO BOX 3732

City	State	Zip Code
DUBLIN	OH	43016

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8740337054**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>190.00</b>
<b>TOTAL</b> 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 57 OF 109
	<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 AKA Cardinal Health Companies PAC**

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

Mailing Address 8078 TRAIL LAKE DR

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740407054**

Amount of Each Receipt this Period  
**76.00**

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

**B. JILL F LANOUILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 OLD FARM ROAD

City State Zip Code  
GRANVILLE OH 43023

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740417054**

Amount of Each Receipt this Period  
**38.00**

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

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

Mailing Address 6666 MCVEY BLVD

City State Zip Code  
WEST WORTHINGTON OH 43235

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

Name of Employer Occupation  
CARDINAL HEALTH, INC DIR, ANALYTICS AND I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **551.80**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740427054**

Amount of Each Receipt this Period  
**56.08**

P/R Deduction (\$28.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **170.08**

**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 58 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. MELISSA A A LABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7174 LINWORTH RD.  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740447054**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. KEVIN HARRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3003 BREEZEWOOD LN  
 City GALENA State OH Zip Code 43021  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740457054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. LAUREN E E FIELDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4316 OAK WOOD COURT  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740467054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 59 OF 109
	<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. MARC D DELORENZO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : PR8740497054</b>
Mailing Address 231 TILLER DRIVE		Amount of Each Receipt this Period 76.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. WILLIAM B B CHRISTIAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : PR8740537054</b>
Mailing Address 3325 LITTLEPORT LANE		Amount of Each Receipt this Period 76.00
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 (HEALTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. ERIC T BOLLING</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : PR8740547054</b>
Mailing Address 13162 THORNTON DRIVE		Amount of Each Receipt this Period 38.00
City FRISCO	State TX	Zip Code 75035
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> 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 60 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. MARY W BAXTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3913 REGAL COURT  
 City State Zip Code  
 VIRGINIA BEACH VA 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, PHARM OPS & ACCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740557054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. KIMBERLY A Y A ROBINETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9409 AVE MORE CT.  
 City State Zip Code  
 DUBLIN OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, FINANCE (SS) MG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740577054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. PAUL T BUSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 W BEECHWOLD BLVD  
 City State Zip Code  
 COLUMBUS OH 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, SOFTWARE ENGINE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740597054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 152.00  
**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 61 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. CAMERON J J BRADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 529 N. MILWAUKEE AVE.  
UNIT 2N

City CHICAGO State IL Zip Code 60642

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740627054**

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONAL EXC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740657054**

Amount of Each Receipt this Period  
38.00

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

**C. BRIAN K SINGLETON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2521 EAST 31ST STREET

City TULSA State OK Zip Code 74105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740667054**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 62 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. JOHN S LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 TIMBERKNOLL LOOP  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, ENTERPRISE INFR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740677054**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. CRAIG C BARANSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 MASSINA DR  
 City State Zip Code  
 WHEELING WV 26003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740687054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JAMES E BACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26061 TWIN POND RD  
 City State Zip Code  
 LAKE BARRINGTON IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, INVENTORY MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740697054**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**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 63 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. BRIAN R BUSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7483 BARDSTON DRIVE

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, SOFTWARE ENGINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740707054**

Amount of Each Receipt this Period 38.00

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

**B. ROBERT M M GABEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1605 BERLIN STATION RD

City DELAWARE State OH Zip Code 43015

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740717054**

Amount of Each Receipt this Period 38.00

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

**C. HAROLD E E GRUBBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7802 SPENCER BROOK DR

City SUMMERFIELD State NC Zip Code 27358

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 ▼ 240.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740727054**

Amount of Each Receipt this Period 24.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

**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 64 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. HARRY BEDGOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 LEE SMITH LANE  
 City KERNERSVILLE State NC Zip Code 27284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OP EXCELLENCE D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740747054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JEFFREY W W HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 347 MORGAN LN  
 City GAHANNA State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CHIEF FINANCIAL OFFI  
 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  
 09 / 30 / 2013  
**Transaction ID : PR8740757054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740767054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 154.00  
**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 65 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. ANDREW GRANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 9440 NICHOLSON WAY

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 ▼ **380.00**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740777054**

Amount of Each Receipt this Period  
**380.00**

P/R Deduction (\$19.00 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, OPERATIONAL EXCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740787054**

Amount of Each Receipt this Period  
**76.00**

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

**C. JASON D MAXWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 DOVER ROAD

City LAKE FOREST State IL Zip Code 60045

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8740797054**

Amount of Each Receipt this Period  
**40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **154.00**

**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 66 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. DONALD S S LUCHINI**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 LAKESIDE DRIVE

City MCKEES ROCKS State PA Zip Code 15136

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740827054**

Amount of Each Receipt this Period 38.00

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

**B. DENNIS W W BRAUN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5667 MEDALLION DR WEST

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE MEDICAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740837054**

Amount of Each Receipt this Period 38.00

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

**C. JEFFREY E E GREER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1570 CAMBRIDGE BLVD

City MARBLE CLIFF State OH Zip Code 43212

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740867054**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 67 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. AMELIA D D MCCARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5864 LAKEVIEW DR  
 City HILLIARD State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, REGULA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740877054**  
 Amount of Each Receipt this Period  
 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. 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,BUSINESS ACQUISIT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740897054**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740907054**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.00
<b>TOTAL</b> 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 68 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. COLLEEN GREINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 VINTAGE CIRCLE  
 City MYRTLE BEACH State SC Zip Code 29579  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740917054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. GREGORY J J HALVACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7402 OVERLAND TRAIL  
 City DELAWARE State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORPORATE SECUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740947054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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, ASC GEN CSL, REG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8740957054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> 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 69 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. MICHAEL A A DUFFY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6825 MACNEIL DR  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, MED CONSUMABLE  
 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  
 09 / 30 / 2013  
**Transaction ID : PR8740967054**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. STANLEY L L NAGEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5771 OLDENBURGH WAY  
 City DUBLIN State OH Zip Code 43016  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8740977054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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, HSS CUSTOMER SU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741017054**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.00  
**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 70 OF 109
	<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

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 AKA Cardinal Health Companies PAC**

**A. LISA MARLING-GEORGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9334 PRATOLINO VILLA DR.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741027054**

Amount of Each Receipt this Period  

380.00
--------

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

**B. DONALD C C GREENWOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14402 MARINA SAN PABLO PLACE # 1002

City JACKSONVILLE	State FL	Zip Code 32224-0828
----------------------	-------------	------------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP,BUSINESS ACQUISIT
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741037054**

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 ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741057054**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>164.00</b>
<b>TOTAL</b> 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 71 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. SHELLEY A A BIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7998 CARAWAY AVE  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741067054**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. ROBERT S S THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8338 AMBERLEIGH WAY  
 City DUBLIN State OH Zip Code 43017  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741077054**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. ANDREW W W WEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 LITTLE BEAR LOOP  
 City LEWIS CENTER State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIRECTOR, EH&S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741087054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 288.00  
**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 72 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. RONALD BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 NEWALBANYLINKDR  
 City NEW ALBANY State OH Zip Code 43054  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741097054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ISMAEL VILLARREAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7302 EMERALD GLEN DR  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741107054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. DAVID R DION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 182 N FLORA PARKWAY  
 City ADDISON State IL Zip Code 60101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, QUALITY ASSURAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741117054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.00  
**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 73 OF 109
	<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. MAUREEN GIRARD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8741147054</b>
Mailing Address 130 N GARLAND		Amount of Each Receipt this Period 380.00
City CHICAGO	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH M TH M KRENZER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8741157054</b>
Mailing Address 343 MILFORD DR		Amount of Each Receipt this Period 38.00
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, MANUFACTURING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

Full Name (Last, First, Middle Initial) <b>C. JESSICA L L MAYER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8741177054</b>
Mailing Address 4852 CARRIGAN RIDGE		Amount of Each Receipt this Period 60.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ASC GEN CSL, COM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.00
<b>TOTAL</b> 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 74 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. STUART G G LAWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5635 CYPRESS COURT

City WESTERVILLE	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, CHIEF ACCOUNTIN
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741207054**

Amount of Each Receipt this Period  

380.00
--------

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

**B. ANNEMARIE IE LA BUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1877 TEWKSBURY RD

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, ASC GEN CSL, LAB
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741247054**

Amount of Each Receipt this Period  

38.00
-------

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

**C. CARL E HALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 626 W WRIGHTWOOD AVE #1E

City CHICAGO	State IL	Zip Code 60614
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741257054**

Amount of Each Receipt this Period  

30.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>106.00</b>
<b>TOTAL</b> 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 75 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. EDEN C SULZER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 BANTRY ST

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMMUNICATION M

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8741317054**

Amount of Each Receipt this Period  
24.00

P/R Deduction (\$12.00 Bi-Weekly)

**B. SANJEETH H PAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 367 CEDAR TRACE

City XENIA State OH Zip Code 45385-9392

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8741357054**

Amount of Each Receipt this Period  
38.00

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

**C. CHRISTINE L NE L BENTLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 12283 SOUTH PARKER STREET

City OLATHE State KS Zip Code 66061

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANGNG CNSLT, S

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8741367054**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

**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 76 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. KEVIN L MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 CATALINA COURT

City MACON State MO Zip Code 63552

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741387054**

Amount of Each Receipt this Period  
 38.00

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

**B. JOSEPH A A GOTTRON**  
Full Name (Last, First, Middle Initial)

Mailing Address 874 AYLESBURY DRIVE

City GAHANNA State OH Zip Code 43230

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, PHARMACEUTICAL

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  
 09 / 30 / 2013  
**Transaction ID : PR8741397054**

Amount of Each Receipt this Period  
 40.00

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

**C. JEFFREY A A CRIST**  
Full Name (Last, First, Middle Initial)

Mailing Address 6532 WESTBURY DRIVE

City DUBLIN State OH Zip Code 43016

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT CLIENT SYS M

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741427054**

Amount of Each Receipt this Period  
 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.00

**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 77 OF 109
	<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 AKA Cardinal Health Companies PAC**

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

Mailing Address 5006 ROSALIND LANE

City POWELL State OH Zip Code 43065

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

Name of Employer: CARDINAL HEALTH, INC Occupation: PRESIDENT, AMBULATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8741487054**

Amount of Each Receipt this Period: 200.00

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

**B. SAMER ABDUL-SAMAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6271 BELVEDERE GREEN BLVD

City DUBLIN State OH Zip Code 43016

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

Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8741507054**

Amount of Each Receipt this Period: 30.00

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

**C. DIANNE RADIGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 EASTCHESTER DR

City GAHANNA State OH Zip Code 43230

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

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, COMMUNITY RELATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR8741517054**

Amount of Each Receipt this Period: 76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 306.00

**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 78 OF 109
	<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. SALLY CURLEY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8741527054</b>
Mailing Address 9035 ESIN COURT		Amount of Each Receipt this Period 150.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, INVESTOR RELATI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. GEORGE S S BARRETT</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8741537054</b>
Mailing Address 246 E. SYCAMORE ST.		Amount of Each Receipt this Period 384.60
City COLUMBUS	State OH	Zip Code 43206
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHAIRMAN/CEO, CARDIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MARK PILKINGTON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8741587054</b>
Mailing Address 8191 HILLINGDON DRIVE		Amount of Each Receipt this Period 76.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	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 ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.60
<b>TOTAL</b> 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 79 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. CRAIG MORFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5565 LAKE SHORE AVE,  
City WESTERVILLE State OH Zip Code 43082

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

Name of Employer Occupation  
CARDINAL HEALTH, INC CHIEF COMPLIANCE/LEG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8741597054**

Amount of Each Receipt this Period  
384.60

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

**B. TOHID A VAHEDIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1857 COLLINGSWOOD RD  
City COLUMBUS State OH Zip Code 43221

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, GM MED SVCS & S

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8741637054**

Amount of Each Receipt this Period  
50.00

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

**C. MICHAEL J J MANGIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 10733 JONES ROAD  
City CLARENCE State NY Zip Code 14031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR8741647054**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 472.60

**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 80 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. ERIC J PERLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 15426 COURT AMBER TL

City CYPRESS	State TX	Zip Code 77433
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741657054**

Amount of Each Receipt this Period  

380.00
--------

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

**B. SEAN P WATERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2621 EAST ARABIAN DRIVE

City GILBERT	State AZ	Zip Code 85296
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, CHEM/PHARMA OPS
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741717054**

Amount of Each Receipt this Period  

38.00
-------

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

**C. 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 ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8741727054**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>152.00</b>
<b>TOTAL</b> 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 81 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. 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, OPERATIONS SERVI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741737054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741747054**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. KATHERINE A NE A BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3410 NOBB HILL DR  
 City HUDSONVILLE State MI Zip Code 49426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741757054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.00
<b>TOTAL</b> 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 82 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. DANIEL F F MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 WILLOWBROOK RD

City WEST HARTFORD State CT Zip Code 06107-1638

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741767054**

Amount of Each Receipt this Period  
 38.00

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

**B. CARROLL B B CALLICOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 8050 LESIA DRIVE

City DENHAM SPRINGS State LA Zip Code 70706

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

Name of Employer CARDINAL HEALTH, INC Occupation MGR, NUCLEAR PHARMAC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741787054**

Amount of Each Receipt this Period  
 38.00

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

**C. JOSEPH E E LUKACS**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 VILLAGE GROVE RD

City LITTLE ROCK State AR Zip Code 72211

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741817054**

Amount of Each Receipt this Period  
 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 83 OF 109
<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 AKA 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 VP, GM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8741857054**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. IHSIEN S S LIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7664 MILL SPRINGS DRIVE  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC PRICI  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8741867054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C. WAYNE J BOUDREAUX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 PETREL TRAIL  
City BRADENTON State FL Zip Code 34212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8741887054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 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 84 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. CRAIG ROTHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 SEMINOLE WAY

City SHORT HILLS State NJ Zip Code 07078

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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741897054**

Amount of Each Receipt this Period  
 38.00

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

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

Mailing Address 632 OAKWOOD AVENUE UNIT E

City STATE COLLEGE State PA Zip Code 16803-2645

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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741917054**

Amount of Each Receipt this Period  
 38.00

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

**C. RONALD A A PADGITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6079 JONESWOOD DR

City HILLIARD State OH Zip Code 43026

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741937054**

Amount of Each Receipt this Period  
 38.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 114.00

**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 85 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. ANITA ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27341 DAKOTA AVE.  
 City ELKO State MN Zip Code 55020  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741947054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. CATHY CHENETSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5734 ENNISHANNON PLACE  
 City DUBLIN State OH Zip Code 43016  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741967054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. AKEEM C IMANJONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4955 FANCY-FREE LANE  
 City COLUMBUS State OH Zip Code 43231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8741977054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00  
**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 86 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. ALFREDO S S RUSSO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2490 ALUM CROSSING DRIVE

City State Zip Code  
LEWIS CENTER OH 43035

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR8742017054**

Amount of Each Receipt this Period  
38.00

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

**B. DAVID K KORENSTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3641 DAYSPRING DRIVE

City State Zip Code  
HILLIARD OH 43026

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

Name of Employer Occupation  
CARDINAL HEALTH, INC ASST GEN CSL, LITIGA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR8742027054**

Amount of Each Receipt this Period  
38.00

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

**C. RICHARD W W WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 991

City State Zip Code  
SUMNER WA 98390

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR8742037054**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 87 OF 109
<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. ROGELIO A A ARMINO</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8742047054</b>
Mailing Address 6213 BLUFF TRAIL LN		Amount of Each Receipt this Period 380.00
City EL PASO	State TX	Zip Code 79912
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OP EXCELLENCE D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. ELEANOR M M DAUFENBACH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8742057054</b>
Mailing Address 2029 W. LANE AVENUE		Amount of Each Receipt this Period 380.00
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CLINICAL OPS MG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA A MORRISON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8742067054</b>
Mailing Address 55 EAST ERIE #3801		Amount of Each Receipt this Period 100.00
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EVP, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<b>TOTAL</b> 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 88 OF 109
<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. MARK BLAKE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8742097054</b>
Mailing Address 129 NORWOOD AVE		Amount of Each Receipt this Period 384.60
City MONTCLAIR	State NJ	Zip Code 07043
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EVP, STRATEGY & CORP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	

Full Name (Last, First, Middle Initial) <b>B. URSULA L L MCNEILL</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8742107054</b>
Mailing Address 376 ROBERTS RUN COVE		Amount of Each Receipt this Period 38.00
City SUWANEE	State GA	Zip Code 30024
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HR BUSINESS PAR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. GILBERTO O QUINTERO</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR8742127054</b>
Mailing Address 6650 BRODIE BLVD		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, QRA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	498.60
<b>TOTAL</b> 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 89 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. COLIN HATCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1351 NOE BIXBY ROAD  
City COLUMBUS State OH Zip Code 43232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TAX TECHNICAL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8742157054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. LANE CHERAMIE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 152 WEST 117TH STREET  
City CUT OFF State LA Zip Code 70345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, HEALTH SYSTEM P  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8742167054**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. DOUGLAS HELMREICH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6600 DEESIDE DR.  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING RESEA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8742177054**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 152.00  
**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 90 OF 109
<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 AKA Cardinal Health Companies PAC**

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

Mailing Address 301 BRIDLE PATH LANE

City ANNAPOLIS State MD Zip Code 21403

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 ▼ 760.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8742207054**

Amount of Each Receipt this Period 76.00

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

**B. MARK S JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8742217054**

Amount of Each Receipt this Period 38.00

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

**C. ROBERT J J DOONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6119 PEPPERGRASS COURT

City WESTERVILLE State OH Zip Code 43082

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 ▼ 380.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR8742227054**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.00

**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 91 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. JEFFREY P P LEDBETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6700 RIDPATH ROAD  
 City GROVE CITY State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CNSLT, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742237054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHELLE M E M ZALUZNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6417 BROMFIELD TRACE  
 City CENTREVILLE State VA Zip Code 20120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742247054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742257054**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 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: PAGE 92 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. KAUSHIK GHOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7691 FINBARR COURT  
 City State Zip Code  
 DUBLIN OH 43017  
 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 ▼  
 361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR874227054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MEGHAN FITZGERALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 MORGAN  
 City State Zip Code  
 NORWALK CT 06851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC PRES, SPECIALTY SOLU  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742287054**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MARSHA L L ARAGON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29306 DAKOTA DR  
 City State Zip Code  
 VALENCIA CA 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742297054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 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 93 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. 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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8742317054**

Amount of Each Receipt this Period  
100.00

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

**B. STEPHEN J J MEDVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 271 E WHITTIER ST.

City COLUMBUS	State OH	Zip Code 43206
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TALENT ACQUISIT
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8742337054**

Amount of Each Receipt this Period  
38.00

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

**C. RICHARD MONTGOMERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2717 QUEEN ELAINE DRIVE

City LEWISVILLE	State TX	Zip Code 75056
--------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TECHNICAL SALES
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR8742377054**

Amount of Each Receipt this Period  
38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<b>TOTAL</b> 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 94 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. GAUTAM S S SHIRHATTIKAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5282 BRIDWELL LN  
 City WESTERVILLE State OH Zip Code 43081  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742387054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742397054**  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR8742417054**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.00
<b>TOTAL</b> 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 95 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. ROBERT A A HONNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7167 SPRINGVIEW LN  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, FIN PLNG & ANAL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9340917054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. CATHY MOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5440 YORK LANE NORTH  
 City State Zip Code  
 COLUMBUS OH 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, SUPPLIER DIVERS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9340927054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. SHAUN F YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8145 SUMMERHOUSE DRIVE WEST  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, MKTG & PRODUCT M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9340947054**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 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 96 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. KELLY B WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 SATTERTON CIRCLE  
 City DUBLIN State OH Zip Code 43016  
 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 ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9368927054**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. CHARLES SLOAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1904 SPRINGCROFT DRIVE  
 City FRANKLIN State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CUST SVC TECHNI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9368957054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. WILLIAM C C BODINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 BONWIT ROAD  
 City RYE BROOK State NY Zip Code 10573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM KINRAY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9368967054**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 214.00  
**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 97 OF 109
	<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 AKA Cardinal Health Companies PAC**

**A. JYOTHIRMAYI MAYI CHERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5136 ABBOTSBURY COURT  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9393887054**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DEBBIE J J MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 ALBAN MEWS  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PUBLIC RELATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9408997054**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. EUSEBIO ZAMORA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9450 TARTAN RIDGE BLVD  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARMACY SUPPOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9409007054**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<b>TOTAL</b> 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 98 OF 109
<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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. ROBERT KULIS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR9409027054</b>
Mailing Address 14 ROSY FINCH PLACE		Amount of Each Receipt this Period 100.00
City THE WOODLANDS	State TX	Zip Code 77389
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 PHARMACY SOL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DONALD M CASEY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR9413437054</b>
Mailing Address 7708 TILLINGHAST DRIVE		Amount of Each Receipt this Period 384.60
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation CEO, MEDICAL SEGMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	

Full Name (Last, First, Middle Initial) <b>C. BRIAN K MERRILL</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR9445157054</b>
Mailing Address 6376 COUNTRYWOOD PL		Amount of Each Receipt this Period 40.00
City RANCHO CUCAMONGA	State CA	Zip Code 91739
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	524.60
<b>TOTAL</b> 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 99 OF 109
<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 AKA Cardinal Health Companies PAC**

**A. SHAUNA M LATSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 TOURNAMENT DRIVE  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9950517054**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. ALAN L DEUTSCHENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8243 WORLEY DR.  
 City LEWIS CENTER State OH Zip Code 43035  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9950527054**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. SEAN C RAYNAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 MALLARD DRIVE  
 City MONROEVILLE State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS MGMNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9956317054**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<b>TOTAL</b> 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 100 OF 109  
(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 AKA Cardinal Health Companies PAC**

**A. GE CAO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5360 FORT WARD DRIVE  
City NEW ALBANY State OH Zip Code 43054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, INFO SERVICES &  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : PR9997757054**  
Amount of Each Receipt this Period  
50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18836.39

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 OF 109  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)  
**A. Comerica Bank**

Mailing Address P.O. Box 75000  
MC 2250

City State Zip Code  
Detroit MI 48275-2250

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
323.22

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 03 / 2013  
**Transaction ID : 7630203**

Amount of Each Receipt this Period  
33.86

August Interest

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33.86
<b>TOTAL</b> This Period (last page this line number only).....▶	33.86

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement  
2012/2013 1120 POL Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7647954**

Amount of Each Disbursement this Period

2012/2013 1120 POL Taxes

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Michael C. Burgess M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2013

**Transaction ID : 7631584**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 509 Madison Ave Suite 1902

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2013

**Transaction ID : 7633412**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Next Century Fund**

Mailing Address 116 S Royal St

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2013

**Transaction ID : 7634272**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

12000.00

**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Beatty For Congress**

Mailing Address 233 South High St  
Suite 300

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Ms. Joyce Beatty**

Office Sought:  House  
 Senate  
 President  
State: OH District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7634273**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Promoting Our Republican Team PAC**

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Promoting Our Republican Team PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7671080**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Gardner For Congress**

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Cory Gardner**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7671081**

Amount of Each Disbursement this Period

Direct Contribution

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

**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2013

**Transaction ID : 7671082**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

20900.00

**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Jack PAC**

Mailing Address PO Box 4005

City Frankfort State KY Zip Code 40604

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 20 / 2013

**Transaction ID : 7671083**

Amount of Each Disbursement this Period  
1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens for Tavares**

Mailing Address 5632 Farms Dr

City Columbus State OH Zip Code 43213

Purpose of Disbursement  
Charleta Tavares, STATE SENATE 15th OH

Candidate Name

**OH Sen. Charleta Tavares**

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 20 / 2013

**Transaction ID : 7671084**

Amount of Each Disbursement this Period  
1000.00

Charleta Tavares, STATE SENATE 15th OH

Full Name (Last, First, Middle Initial)

**C. Citizens for Stinziano**

Mailing Address 550 E Walnut St

City Columbus State OH Zip Code 43215-5323

Purpose of Disbursement  
Mike Stinziano, STATE HOUSE 25th OH

Candidate Name

**Mike Stinziano**

Office Sought:  House  Senate  President  
State: OH District: 25

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 20 / 2013

**Transaction ID : 7671085**

Amount of Each Disbursement this Period  
500.00

Mike Stinziano, STATE HOUSE 25th OH

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

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

2500.00

**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Mike Curtin**

Mailing Address 545 E Town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Mike Curtin, STATE HOUSE 17th OH

Candidate Name

**Mike Curtin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2013

**Transaction ID : 7671086**

Amount of Each Disbursement this Period

1000.00
---------

Mike Curtin, STATE HOUSE 17th OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Bishoff**

Mailing Address 2902 Braden Way

City Blacklick State OH Zip Code 43004

Purpose of Disbursement  
Heather Bishoff, STATE HOUSE 20th OH

Candidate Name

**OH Rep. Heather Bishoff**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2013

**Transaction ID : 7671087**

Amount of Each Disbursement this Period

1000.00
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Heather Bishoff, STATE HOUSE 20th OH

Full Name (Last, First, Middle Initial)

**C. Pelanda for State Representative**

Mailing Address 4679 Winterset Dr.

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Dorothy Pelanda, STATE HOUSE 86th OH

Candidate Name

**OH Rep. Dorothy Pelanda**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 86

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2013

**Transaction ID : 7671089**

Amount of Each Disbursement this Period

1000.00
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Dorothy Pelanda, STATE HOUSE 86th OH

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

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

3000.00
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**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Jeff McClain**

Mailing Address 428 S Sandusky Ave

City State Zip Code  
Upper Sandusky OH 43351

Purpose of Disbursement  
Jeffrey McClain, STATE HOUSE 87th OH

Candidate Name

**OH Rep. Jeffrey McClain**

Office Sought:  House  
 Senate  
 President  
State: OH District: 87

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7671091**

Amount of Each Disbursement this Period

Jeffrey McClain, STATE HOUSE 87th OH

Full Name (Last, First, Middle Initial)

**B. Ohio House Democratic Caucus Fund**

Mailing Address 340 E Fulton St

City State Zip Code  
Columbus OH 43215-5418

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7671092**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Ohio Republican Senate Campaign Cmte**

Mailing Address 88 East Broad St  
Suite 1200

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7671094**

Amount of Each Disbursement this Period

Direct Contribution

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

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