

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		217293.89
(b) Cash on Hand at Beginning of Reporting Period.....	232566.20	
(c) Total Receipts (from Line 19)	23306.07	104578.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	255872.27	321872.27
7. Total Disbursements (from Line 31).....	26000.00	92000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	229872.27	229872.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13013.06	41125.41
(ii) Unitemized	10244.20	63273.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23257.26	104399.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23257.26	104399.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	48.81	179.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23306.07	104578.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23306.07	104578.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	67000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2000.00	25000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26000.00	92000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	92000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23257.26	104399.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23257.26	104399.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. ROBERT F GLOVER		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8737743476
Mailing Address 5633 N KOSTNER AVENUE		Amount of Each Receipt this Period 50.00
City CHICAGO	State IL	Zip Code 60646
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) B. THOMAS E HUNT		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8737753476
Mailing Address 54 BROOKSIDE LN		Amount of Each Receipt this Period 50.00
City LEMONT	State IL	Zip Code 60439
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. LINDA S LOCKYER		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8737783476
Mailing Address 1133 NOE STREET		Amount of Each Receipt this Period 76.00
City SAN FRANCISCO	State CA	Zip Code 94114
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 (STRAT A)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

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 7 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. RONALD A DEDELS
Full Name (Last, First, Middle Initial)

Mailing Address 1080 BIG WATER POINT

City GREENSBORO State GA Zip Code 30642

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737803476

Amount of Each Receipt this Period
 60.00

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

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

Mailing Address 2934 CENTRAL ST #3E

City EVANSTON State IL Zip Code 60201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737813476

Amount of Each Receipt this Period
 76.00

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

C. ANTHONY J CAPRIO
Full Name (Last, First, Middle Initial)

Mailing Address 6 COTTAGE LANE

City MARLBORO State NJ Zip Code 07746

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

Name of Employer CARDINAL HEALTH, INC Occupation EVP, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8737933476

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 336.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	207.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LISA A ASHBY		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738003476
Mailing Address 9165 TERRAZZA N CRT		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation PRESIDENT, CATEGORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. ELIZABE TH R CARNES		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738033476
Mailing Address 4830 BROOKSVIEW CIR		Amount of Each Receipt this Period 100.00
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. BENJAMI N T THOMPSON		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738143476
Mailing Address 2029 LEWIS CROSSING COURT		Amount of Each Receipt this Period 76.00
City KELLER	State TX	Zip Code 76248
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

SUBTOTAL of Receipts This Page (optional).....▶	276.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MICHAEL A LYNCH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8738173476
Mailing Address 550 E ROSEMARY		Amount of Each Receipt this Period 384.60
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CONSULTING SR EXECUT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. LAUREL BEELER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8738203476
Mailing Address 1723 EAGLE TRL		Amount of Each Receipt this Period 50.00
City OXFORD	State MI	Zip Code 48371
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, SALES TRAINING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID A GOLDSBERRY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8738213476
Mailing Address 321 ST ANDREWS LN		Amount of Each Receipt this Period 76.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	510.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CINDY ROSER
Full Name (Last, First, Middle Initial)

Mailing Address 5090 PK BROOKE WKWY

City ALPHARETTA State GA Zip Code 30022

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, SOUTHEAST RE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738333476

Amount of Each Receipt this Period 100.00

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

B. STEPHEN 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, MEDICAL CHANNE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.92

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738353476

Amount of Each Receipt this Period 75.76

P/R Deduction (\$37.88 Bi-Weekly)

C. SUSAN J JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 1813 NEWTON AVENUE

City PARK RIDGE State IL Zip Code 60068

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8738453476

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 251.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6812 SPRUCE PINE DR

City COLUMBUS State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8738513476

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 792 ELDORADO DR.

City SUPERIOR State CO Zip Code 80027

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8738543476

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 26 BERNON DRIVE

City LINCOLN State RI Zip Code 02865

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8738813476

Amount of Each Receipt this Period **76.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RENE BLOCH		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738843476
Mailing Address 401 SPRING DRIVE		Amount of Each Receipt this Period 76.00
City YORKTOWN HEIGHTS	State NY	Zip Code 10598
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) B. ANNLEA C RUMFOLA		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738853476
Mailing Address 8314 DAVINGTON 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		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, APP DESIGN & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) C. JOHN A FIACCO		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738863476
Mailing Address 124 FOX HAVEN DRIVE		Amount of Each Receipt this Period 76.00
City O'FALLON	State MO	Zip Code 63368
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS MGMT -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TED L DIBIASE		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738943476
Mailing Address 4954 ROSEGATE COURT		Amount of Each Receipt this Period 122.40
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$61.20 Bi-Weekly)
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 ▼ 550.80	

Full Name (Last, First, Middle Initial) B. JOSHUA T GAINES		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8738963476
Mailing Address 5721 CLOVER LANE		Amount of Each Receipt this Period 58.00
City WESTERVILLE	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, STRATEGY & CORP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

Full Name (Last, First, Middle Initial) C. GEORGE J PLAVA		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8739033476
Mailing Address 3526 PEMBROOKE DR		Amount of Each Receipt this Period 138.46
City RICHMOND	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		P/R Deduction (\$69.23 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS & ACCO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.07	

SUBTOTAL of Receipts This Page (optional).....▶	318.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT S SUMMERS		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739053476
Mailing Address 146 CHASELY CIRCLE		Amount of Each Receipt this Period 60.70
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.15	P/R Deduction (\$30.35 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SEAN M MCCAFFREY		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739073476
Mailing Address 1020 BUCK RUN RD		Amount of Each Receipt this Period 76.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GARY G CACCIATORE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8739193476
Mailing Address 3810 LOCH GLEN CT		Amount of Each Receipt this Period 72.32
City HOUSTON	State TX	Zip Code 77059
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, REGULATORY (ATTY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.44	P/R Deduction (\$36.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	209.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES L SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9318 PRATOLINA VILLA DRIVE
 City 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 ▼ 450.00

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

B. BRADLEY 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 ▼ 342.00

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

C. WILLIAM OWAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7558 HEATHERWOOD LN
 City 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 ▼ 902.70

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 376.60
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEFFREY 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 Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739303476
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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 Occupation
 CARDINAL HEALTH, INC SVP, PRODUCT MANAGEM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739313476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. MARGARE 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8739353476
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL 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 Occupation
 CARDINAL HEALTH, INC CEO, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

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

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

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

C. KEVIN M KANNALLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14529 ROBINSON RD
 City PLAIN CITY State OH Zip Code 43064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 536.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	352.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. AARON L PITTS
Full Name (Last, First, Middle Initial)
Mailing Address 5014 CLOSEBURN 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, STRATEGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **450.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : PR8739573476
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Bi-Weekly)

B. 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 **408.06**

Date of Receipt **04 / 30 / 2012**
Transaction ID : PR8739583476
Amount of Each Receipt this Period **90.68**
P/R Deduction (\$45.34 Bi-Weekly)

C. CASSANDRA 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, GOVT RELATIONS M
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **580.95**

Date of Receipt **04 / 30 / 2012**
Transaction ID : PR8739643476
Amount of Each Receipt this Period **129.10**
P/R Deduction (\$64.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **319.78**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2761 SKELTON LN

City BLACKLICK State OH Zip Code 43004

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC SOURCI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.38

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739663476

Amount of Each Receipt this Period 59.64

P/R Deduction (\$29.82 Bi-Weekly)

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

Mailing Address 2175 LANE RD

City COLUMBUS State OH Zip Code 43220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739683476

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 1967 WOODLANDS PLACE

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF HUMAN RESOURCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8739723476

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 644.24

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JON GIACOMIN
Full Name (Last, First, Middle Initial)

Mailing Address 6792 INGALLS CT

City GALENA State OH Zip Code 43021

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

Name of Employer CARDINAL HEALTH, INC Occupation EVP, OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

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

Transaction ID : PR8739743476

Amount of Each Receipt this Period **150.00**

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

B. 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 ▼ **450.00**

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

Transaction ID : PR8739783476

Amount of Each Receipt this Period **100.00**

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

C. MICHAEL 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 ▼ **342.00**

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

Transaction ID : PR8739823476

Amount of Each Receipt this Period **76.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KATHRYN J ABLEIDINGER			Date of Receipt
Mailing Address 34 ASHBURY CT			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR8739903476
HUDSON	WI	54016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.00"/>
Name of Employer	Occupation		P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	DIR, OPERATIONS MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="342.00"/>		

Full Name (Last, First, Middle Initial) B. DANIEL R ROBINSON			Date of Receipt
Mailing Address 8124 CROOKED OAKS CT			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR8739913476
GAINESVILLE	VA	20155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.00"/>
Name of Employer	Occupation		P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, PHARMACY OPERATI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="342.00"/>		

Full Name (Last, First, Middle Initial) C. STEVE M LAWRENCE			Date of Receipt
Mailing Address 4868 CARRIGAN RIDGE			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR8739923476
DUBLIN	OH	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		P/R Deduction (\$100.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP, RETAIL INDEPEND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="900.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="352.00"/>
TOTAL 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 25 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID LAWRENCE		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8739943476
Mailing Address 326 VINWOOD LANE		Amount of Each Receipt this Period 100.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGIC PLNG/E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. MARK E ROSENBAUM		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8739953476
Mailing Address 632 CHEOWA CIRCLE		Amount of Each Receipt this Period 384.60
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF CUSTOMER OFFIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

Full Name (Last, First, Middle Initial) C. DAVID E GAJESKI		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR8740033476
Mailing Address 352 DORADO BEACH EAST		Amount of Each Receipt this Period 76.00
City DORADO	State PR	Zip Code 00646
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, SALES OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

SUBTOTAL of Receipts This Page (optional).....▶	560.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THERESA L GOULD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3418 BIG HICKORY DR.
 City KINGWOOD State TX Zip Code 77345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740133476
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. CONNIE WOODBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9761 ERIN WOODS DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PROF & GOV'T REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740153476
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

C. ROBBIE D JORGENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 578 MORTS DRIVE
 City WENTZVILLE State MO Zip Code 63385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8740163476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	396.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BRIAN WORTH
Full Name (Last, First, Middle Initial)
Mailing Address 5654 ROTHESAY DRIVE

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 SVP, HR BUSINESS PAR
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

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

Transaction ID : PR8740193476

Amount of Each Receipt this Period

50.00

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

B. 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 ▼ **225.00**

Date of Receipt

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

Transaction ID : PR8740243476

Amount of Each Receipt this Period

50.00

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

C. BLAIR R WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 663 LYNNFIELD DR

City WESTERVILLE	State OH	Zip Code 43081
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, HR SERVICE CENTE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

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

Transaction ID : PR8740313476

Amount of Each Receipt this Period

76.00

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

SUBTOTAL of Receipts This Page (optional).....▶	176.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANDREW R KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3732
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **342.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : PR874033476
 Amount of Each Receipt this Period **76.00**
 P/R Deduction (\$38.00 Bi-Weekly)

B. ERIC M JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8078 TRAIL LAKE DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **342.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : PR8740403476
 Amount of Each Receipt this Period **76.00**
 P/R Deduction (\$38.00 Bi-Weekly)

C. DONNA B MANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 MCVEY BLVD
 City WEST WORTHINGTON State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR SERVICE DELI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **244.71**

Date of Receipt **04 / 30 / 2012**
Transaction ID : PR8740423476
 Amount of Each Receipt this Period **54.38**
 P/R Deduction (\$27.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **206.38**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 105 RHINESTONE COURT

City ELIZABETHTOWN State KY Zip Code 42701

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8740473476

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 231 TILLER DRIVE

City POWELL State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8740493476

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 3325 LITTLEPORT LANE

City ACWORTH State GA Zip Code 30101

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8740533476

Amount of Each Receipt this Period **76.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARY W BAXTER
Full Name (Last, First, Middle Initial)

Mailing Address 9601 ST REGIS TERR

City RICHMOND State VA Zip Code 23236

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8740553476

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

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

B. JOHN S LINDSEY
Full Name (Last, First, Middle Initial)

Mailing Address 50 TIMBERKNOLL LOOP

City POWELL State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8740673476

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

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

C. JAMES E BACH
Full Name (Last, First, Middle Initial)

Mailing Address 26061 TWIN POND RD

City LAKE BARRINGTON State IL Zip Code 60010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

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

Transaction ID : PR8740693476

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN J BYRNES		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8740763476
Mailing Address 161 TUCKER DR		Amount of Each Receipt this Period 76.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KENNETH H ROBINETTE		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8740783476
Mailing Address 9409 AVE MORE CT.		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, ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. BENN SLEDGE		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR8740893476
Mailing Address 8016 W 138TH TERRACE		Amount of Each Receipt this Period 76.00
City OVERLAND PARK	State KS	Zip Code 66223
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 48
(check only one)

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

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

Mailing Address 141 WOODSTREAM DR

City State Zip Code
GRAND ISLAND NY 14072

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8740903476

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 4909 SCENIC CREEK 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, QRA MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8740953476

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 5585 PINE CONE CT

City State Zip Code
LIBERTY TOWNSHIP OH 45044

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8741003476

Amount of Each Receipt this Period
76.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARTHA HUSTON
Full Name (Last, First, Middle Initial)

Mailing Address 490 E. SUNBURST LN

City TEMPE State AZ Zip Code 85284

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, WEST REGION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741013476

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 323 OLD DUNN COURT

City LAKE MARY State FL Zip Code 32746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741033476

Amount of Each Receipt this Period
 50.00

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

C. ANDREW T ALDERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1225 LEICESTER PL.

City COLUMBUS State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741053476

Amount of Each Receipt this Period
 76.00

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

SUBTOTAL of Receipts This Page (optional).....▶	226.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SHELLEY 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 ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741063476

Amount of Each Receipt this Period 200.00

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

B. ROBERT 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, OP EXCELLENCE DE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741073476

Amount of Each Receipt this Period 50.00

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

C. 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 ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8741103476

Amount of Each Receipt this Period 76.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 384 COLORADO DRIVE

City CEDAR CREEK State TX Zip Code 78612

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741133476

Amount of Each Receipt this Period
 100.00

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

B. JESSICA L MAYER
Full Name (Last, First, Middle Initial)

Mailing Address 4852 CARRIGAN RIDGE

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, BUS MGMT (ATTY)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741173476

Amount of Each Receipt this Period
 60.00

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

C. ALAN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 6612 N. CREEKWOOD DR

City BRENTWOOD State TN Zip Code 37027

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, QUALITY ASSURAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741283476

Amount of Each Receipt this Period
 76.00

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

SUBTOTAL of Receipts This Page (optional).....▶	236.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOHN R WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 7026 BLAKEMORE LANE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

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

Transaction ID : PR8741303476

Amount of Each Receipt this Period

76.00

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

B. MATTHEW S MARGOLIES
Full Name (Last, First, Middle Initial)
Mailing Address 3065 SUMMER LEAF CT

City GALENA	State OH	Zip Code 43021
----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, SALES & MARKETI
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

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

Transaction ID : PR8741443476

Amount of Each Receipt this Period

76.00

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

C. JOHN C RADEMACHER
Full Name (Last, First, Middle Initial)
Mailing Address 5006 ROSALIND LANE

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

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 ▼ **900.00**

Date of Receipt

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

Transaction ID : PR8741483476

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	352.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 610.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARK PILKINGTON
Full Name (Last, First, Middle Initial)

Mailing Address 4367 HICKORY ROCK 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, STRATEGY MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8741583476

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code
WESTERVILLE OH 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 ▼ **1730.70**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8741593476

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 1857 COLLINGSWOOD RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP/GM, MED CHANNEL S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8741633476

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)..... **510.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOEL M BARCZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 COUNTRY WALK DR
 City State Zip Code
 FLEMING ISLAND FL 32003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741673476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. HENRY M CHILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 PALISADES PARKWAY
 City State Zip Code
 OAK RIDGE TN 37830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741723476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. WILLIAM S CLAUNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10744 CAMPDEN LAKES BLVD
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, STRATEGY MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR8741733476
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	228.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 40 OF 48
(check only one)

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

Full Name (Last, First, Middle Initial)
A. LUKE C AUGUSTINE

Mailing Address 10834 S 166TH ST

City OMAHA	State NE	Zip Code 68136
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

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

Transaction ID : PR8741743476

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)
B. BENSON P YANG

Mailing Address 137 LAKESIDE DRIVE

City CORTE MADERA	State CA	Zip Code 94925
----------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MULTI-FUNCTION M
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

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

Transaction ID : PR8741773476

Amount of Each Receipt this Period

76.00

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

Full Name (Last, First, Middle Initial)
C. JACK L COFFEY

Mailing Address 200 BAY SHORE DRIVE

City ROCKWOOD	State TN	Zip Code 37854
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

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

Transaction ID : PR8741823476

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	276.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 48
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Mailing Address 1650 SHERBORNE LANE

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8741853476

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 38 ALPINE CIRCLE

City State Zip Code
SANDY HOOK CT 06482

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8741913476

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 55 EAST ERIE #3801

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
CARDINAL HEALTH, INC EVP, CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
MM / DD / YYYY
04 / 30 / 2012

Transaction ID : PR8742063476

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **238.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARJORI E CUMMINS
Full Name (Last, First, Middle Initial)
Mailing Address 5928 ROUNDSTONE
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONAL EXCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742073476
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. MARK BLAKE
Full Name (Last, First, Middle Initial)
Mailing Address 2226 BRYDEN ROAD
City COLUMBUS State OH Zip Code 43209
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EVP, STRATEGY & CORP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742093476
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. GILBERT O QUINTERO
Full Name (Last, First, Middle Initial)
Mailing Address 6650 BRODIE BLVD
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742123476
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 536.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 152 WEST 117TH STREET

City State Zip Code
CUT OFF LA 70345

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR8742163476

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 300 W. SPRING STREET #1502

City State Zip Code
COLUMBUS OH 43215

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
902.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR8742193476

Amount of Each Receipt this Period
200.60

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

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

Mailing Address 301 BRIDLE PATH LANE

City State Zip Code
ANNAPOLIS MD 21403

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR8742203476

Amount of Each Receipt this Period
76.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 44 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MATTHEW G BAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13602 ASHLEY RUN
 City HOUSTON State TX Zip Code 77077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742353476
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RAMON GREGORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7587 CHANCERY 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, CUSTOMER SERVIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742393476
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. NICHOLA S AUGUSTINOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 15TH STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HEALTH INFO & S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR8742413476
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

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

Transaction ID : 6315298

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Mike Curtin

Mailing Address 545 E town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Mike Curtin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

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

Transaction ID : 6320486

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Altmire

Mailing Address 233 Pennsylvania Ave SE 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Jason Altmire

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

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

Transaction ID : 6348253

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

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

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

4	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lincoln PAC

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Lincoln PAC

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2012

Transaction ID : 6356004

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Glacier PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Glacier PAC

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : 6365547

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Boehner for Speaker

Mailing Address 100 E. Broad St. Ste 2330

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Joint Fundraiser

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2012

Transaction ID : 6365649

Amount of Each Disbursement this Period

10000.00

Joint Fundraiser

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

20000.00

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

24000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City State Zip Code
Sylvania OH 43560

Purpose of Disbursement
Barbara Sears, STATE HOUSE 46th OH

Candidate Name
OH Rep. Barbara Sears

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

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2012

Transaction ID : 6316270

Amount of Each Disbursement this Period

1000.00

Barbara Sears, STATE HOUSE 46th OH

Full Name (Last, First, Middle Initial)

B. Citizens for Hottinger

Mailing Address 2135 Horns Hill Rd

City State Zip Code
Newark OH 43055

Purpose of Disbursement
Jay Hottinger, STATE HOUSE 71st OH

Candidate Name
Jay Hottinger

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

Date of Disbursement

M M / D D / Y Y Y Y
04 / 24 / 2012

Transaction ID : 6365648

Amount of Each Disbursement this Period

1000.00

Jay Hottinger, STATE HOUSE 71st OH

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

2000.00