

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		181673.91
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	166476.57									
(c) Total Receipts (from Line 19)	46386.70	163689.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	212863.27	345363.27								
7. Total Disbursements (from Line 31)	16000.00	148500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	196863.27	196863.27								
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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	1	1

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)	32037.40	122463.18
(ii) Unitemized	14341.86	41196.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46379.26	163659.70
(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)	46379.26	163659.70
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.)	7.44	29.66
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 Transfer (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))	46386.70	163689.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46386.70	163689.36

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	16000.00	102500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	46000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	16000.00	148500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	148500.00

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)	46379.26	163659.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46379.26	163659.70
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: PAGE 6 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.

Full Name (Last, First, Middle Initial)
CAROLYN E GRANT

Mailing Address 6869 MEADOW GLEN DR

City State Zip Code
WESTERVILLE OH 43082

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 646.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2011

Transaction ID: PR7795991936

Amount of Each Receipt this Period
152.00

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

B.

Full Name (Last, First, Middle Initial)
ANTHONY D WOO

Mailing Address 6151 HADDO WAY

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, CORP DEVEL, FIN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2011

Transaction ID: PR7796081936

Amount of Each Receipt this Period
80.00

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

C.

Full Name (Last, First, Middle Initial)
AARON L PITTS

Mailing Address 5014 CLOSEBURN CT

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, STRATEGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2011

Transaction ID: PR7796091936

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶

432.00

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 / 75
	<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.	Full Name (Last, First, Middle Initial) STEPHEN REARDON		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 9098 MEDITERRA PLACE		Transaction ID: PR7796121936
	City DUBLIN	State OH	Zip Code 43016
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, QRA MGMT	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

B.	Full Name (Last, First, Middle Initial) MARYJANE TEW		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6315 DUFFY RD		Transaction ID: PR7796141936
	City DELAWARE	State OH	Zip Code 43015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 152.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, CUSTOMER SERVICE	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00		

C.	Full Name (Last, First, Middle Initial) TED L DIBIASE		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 4954 ROSEGATE COURT		Transaction ID: PR7796151936
	City DUBLIN	State OH	Zip Code 43017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 244.80
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, HR BUSINESS PART	P/R Deduction (\$61.20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.40		

SUBTOTAL of Receipts This Page (optional)	▶	476.80
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 / 75
	<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.	Full Name (Last, First, Middle Initial) WILLIAM M RAMPY		Date of Receipt
	Mailing Address 103 FOXGLOVE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 4 / 2 0 1 1
	City	State	Zip Code
	BENTONVILLE	AR	72712
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7796191936
Name of Employer CARDINAL HEALTH, INC		Occupation VP, MKTG & PRODUCT M	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 975.97	<input type="text"/> 229.64
			P/R Deduction (\$57.41 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) AMELIA D MCCARTY		Date of Receipt
	Mailing Address 5864 LAKEVIEW DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 4 / 2 0 1 1
	City	State	Zip Code
	HILLIARD	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7796201936
Name of Employer CARDINAL HEALTH, INC		Occupation ASST GEN CSL, REGULA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.00	<input type="text"/> 76.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DAVID A GONZALES		Date of Receipt
	Mailing Address 384 COLORADO DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 4 / 2 0 1 1
	City	State	Zip Code
	CEDAR CREEK	TX	78612
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7796241936
Name of Employer CARDINAL HEALTH, INC		Occupation DIR , GOVERNMENT REL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	<input type="text"/> 200.00
			P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 505.64
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 75
(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

<p>A. Full Name (Last, First, Middle Initial) JEFFREY W HENDERSON</p> <p>Mailing Address 347 MORGAN LN</p> <p>City State Zip Code GAHANNA OH 43230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDINAL HEALTH, INC CHIEF FINANCIAL OFFI</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 340.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 1</p> <p>Transaction ID: PR7796271936</p> <p>Amount of Each Receipt this Period 80.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) GREGORY J HALVACS</p> <p>Mailing Address PO BOX 3694</p> <p>City State Zip Code DUBLIN OH 43016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDINAL HEALTH, INC SVP, CORPORATE SECUR</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 323.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 1</p> <p>Transaction ID: PR7796281936</p> <p>Amount of Each Receipt this Period 76.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) MARGARET M LAVALLE</p> <p>Mailing Address 9410 CULROSS CT</p> <p>City State Zip Code DUBLIN OH 43017</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDINAL HEALTH, INC SVP, HR SERVICES</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 850.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 1</p> <p>Transaction ID: PR7796301936</p> <p>Amount of Each Receipt this Period 200.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	356.00
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 10 / 75
(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

A.

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

Mailing Address 6146 BALMORAL DRIVE

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC SVP/GM, MIDWEST REGI

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7796311936

Amount of Each Receipt this Period
80.00

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

B.

Full Name (Last, First, Middle Initial)
MICHAEL A DUFFY

Mailing Address 6825 MACNEIL DR

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC EVP, GLOBAL MFG & SU

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7796321936

Amount of Each Receipt this Period
80.00

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

C.

Full Name (Last, First, Middle Initial)
ROBERT M RANDKLEV

Mailing Address 4708 MEANDERING WAY

City State Zip Code
COLLEYVILLE TX 76034

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7796361936

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<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.	Full Name (Last, First, Middle Initial) JOSHUA T GAINES		Date of Receipt
	Mailing Address 5721 CLOVER LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 24 / 2011
	City	State	Zip Code
	WESTERVILLE	OH	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7796421936
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, STRATEGY & CORP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 493.00	<input type="text"/> 116.00
			P/R Deduction (\$29.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JACK L COFFEY		Date of Receipt
	Mailing Address 200 BAY SHORE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 24 / 2011
	City	State	Zip Code
	ROCKWOOD	TN	37854
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7796431936
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, QRA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00	<input type="text"/> 200.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN E GRISDALE		Date of Receipt
	Mailing Address 7135 FODOR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 24 / 2011
	City	State	Zip Code
	NEW ALBANY	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7796481936
Name of Employer CARDINAL HEALTH, INC		Occupation VP, ACCOUNT MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 80.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 396.00
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 12 / 75
	<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.	Full Name (Last, First, Middle Initial) MARC B MULLEN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1650 SHERBORNE LANE	Transaction ID: PR7796521936
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC SVP, GM PRESOURCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SHELLEY A BIRD	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7998 CARAWAY AVE	Transaction ID: PR7796541936
	City State Zip Code DUBLIN OH 43016	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC EVP, PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ANTHONY J CAPRIO	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6 COTTAGE LANE	Transaction ID: PR7796551936
	City State Zip Code MARLBORO NJ 07746	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC EVP, SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 13 / 75
(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. Full Name (Last, First, Middle Initial)
JESSICA L MAYER

Mailing Address 4852 CARRIGAN RIDGE

City State Zip Code
DUBLIN OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7796561936
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$30.00 Bi-Weekly)

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

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 ▼ 590.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7796571936
Amount of Each Receipt this Period: 152.00
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 18 BUSH HILL RD

City State Zip Code
IPSWICH MA 01938

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7796641936
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 348.00

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 / 75
	<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.	Full Name (Last, First, Middle Initial) STEPHEN J JOHNSON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 221 W LANCASTER AVE # 2012	Transaction ID: PR7796671936
	City State Zip Code FORT WORTH TX 76102	Amount of Each Receipt this Period 129.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, STRATEGIC PLNG/E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.97	P/R Deduction (\$32.41 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KRISTINA M ROBINSON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 5464 HEATHROW DRIVE	Transaction ID: PR7796691936
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 45.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, RESEARCH PROJEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.76	P/R Deduction (\$11.70 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHELE B DONATICH	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 520 PENNY LANE	Transaction ID: PR7796731936
	City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 52.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, CUSTOMER ADVOCA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.70	P/R Deduction (\$13.10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	227.80
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 15 / 75
(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

A.

Full Name (Last, First, Middle Initial)
STEPHEN FLANNERY

Mailing Address 275 EAST CENTER ST

City State Zip Code
SHAVERTOWN PA 18708

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 ▼ 331.16

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7796751936

Amount of Each Receipt this Period: 77.92

P/R Deduction (\$19.48 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
STEPHEN A INACKER

Mailing Address 1490 S RIDGE ROAD

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
CARDINAL HEALTH, INC PRES, MEDICAL CHANNE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 626.45

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7796831936

Amount of Each Receipt this Period: 147.40

P/R Deduction (\$36.85 Bi-Weekly)

C.

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

Mailing Address 3526 PEMBROOKE DR

City State Zip Code
RICHMOND TX 77469

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1176.91

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7796921936

Amount of Each Receipt this Period: 276.92

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

SUBTOTAL of Receipts This Page (optional) ▶ **502.24**

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 16 / 75
	<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.	Full Name (Last, First, Middle Initial) ROBERT S SUMMERS	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 146 CHASELY CIRCLE	Transaction ID: PR7796951936
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 121.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, MKTG & PRODUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.95	P/R Deduction (\$30.35 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) STEVEN J CALLISON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1368 LINCOLN ROAD	Transaction ID: PR7796991936
	City State Zip Code COLUMBUS OH 43212	Amount of Each Receipt this Period 71.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, APP DESIGN & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.77	P/R Deduction (\$17.81 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MARK R OVERMAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 900 WYNDHAM HILL CT	Transaction ID: PR7797051936
	City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 73.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.33	P/R Deduction (\$18.49 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	266.60
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 17 / 75
(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

A.

Full Name (Last, First, Middle Initial)
NATHANIEL C FILLER

Mailing Address 7639 PRESIDIUM LOOP

City State Zip Code
GALENA OH 43021

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

Name of Employer Occupation
CARDINAL HEALTH, INC MGR, GOVERNMENT RELA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7797071936

Amount of Each Receipt this Period
45.00

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

B.

Full Name (Last, First, Middle Initial)
ANTHONY A HUNT

Mailing Address 10208 HOLLYBROOK DR

City State Zip Code
CHARLOTTE NC 28277

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.64

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7797101936

Amount of Each Receipt this Period
65.87

P/R Deduction (\$16.31 Bi-Weekly)

C.

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

Mailing Address 3810 LOCH GLEN CT

City State Zip Code
HOUSTON TX 77059

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, REGULATORY (ATTY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 598.06

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7797151936

Amount of Each Receipt this Period
140.72

P/R Deduction (\$35.18 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 251.59

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 / 75
(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

A.

Full Name (Last, First, Middle Initial) JAMES L SCOTT		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 9318 PRATOLINA VILLA DRIVE		Transaction ID: PR7797171936
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, NATIONAL MARKET	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B.

Full Name (Last, First, Middle Initial) WILLIAM OWAD		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 7558 HEATHERWOOD LN		Transaction ID: PR7797181936
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 401.20
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, OPERATIONAL EXC	P/R Deduction (\$100.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1705.10	

C.

Full Name (Last, First, Middle Initial) MICHAEL C KAUFMANN		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 7160 TEMPERANCE POINT ST		Transaction ID: PR7797211936
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 769.20
Name of Employer CARDINAL HEALTH, INC	Occupation CEO, PHARMACEUTICAL	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10	

SUBTOTAL of Receipts This Page (optional)	1370.40
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 75

(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

A.

Full Name (Last, First, Middle Initial)

MARYANN CLYBURN

Mailing Address 24262 CATALUNA CIR

City State Zip Code
MISSION VIEJO CA 92691

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.76

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7797231936

Amount of Each Receipt this Period

64.20

P/R Deduction (\$14.55 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SUSAN J JACOBSON

Mailing Address 1813 NEWTON AVENUE

City State Zip Code
PARK RIDGE IL 60068

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 646.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7797261936

Amount of Each Receipt this Period

152.00

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

C.

Full Name (Last, First, Middle Initial)

MICHAEL A LYNCH

Mailing Address 550 E ROSEMARY

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
CARDINAL HEALTH, INC CEO, MEDICAL SEGMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7797271936

Amount of Each Receipt this Period

769.20

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

SUBTOTAL of Receipts This Page (optional)

985.40

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<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.	Full Name (Last, First, Middle Initial) MICHAEL P KENNEDY	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 4783 VISTA RIDGE DR	Transaction ID: PR7797301936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 401.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC SVP, COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1705.10	P/R Deduction (\$100.30 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CASSANDRA E BAKER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1751 BARRINGTON RD	Transaction ID: PR7797391936
	City State Zip Code UPPER ARLINGTON OH 43221	Amount of Each Receipt this Period 249.48
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, GOVT RELATIONS M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.29	P/R Deduction (\$62.37 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JAMES M BARKER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 2761 SKELTON LN	Transaction ID: PR7797411936
	City State Zip Code BLACKLICK OH 43004	Amount of Each Receipt this Period 112.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, STRATEGIC SOURCI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.23	P/R Deduction (\$28.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	763.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<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.	Full Name (Last, First, Middle Initial) JAMES J HOMAN		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 520 EDEN PARK DRIVE		Transaction ID: PR7797421936
	City FRANKLIN	State TN	Zip Code 37067
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.28
	Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, SALES	P/R Deduction (\$13.32 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.44		

B.	Full Name (Last, First, Middle Initial) STEPHEN T FALK		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 2175 LANE RD		Transaction ID: PR7797431936
	City COLUMBUS	State OH	Zip Code 43220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer CARDINAL HEALTH, INC	Occupation EVP & GENERAL COUNSEL	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

C.	Full Name (Last, First, Middle Initial) CAROLE S WATKINS		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1967 WOODLANDS PLACE		Transaction ID: PR7797461936
	City POWELL	State OH	Zip Code 43065
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 769.20
	Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF HUMAN RESOURCE	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

SUBTOTAL of Receipts This Page (optional)	1222.48
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 22 / 75
(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

A.

Full Name (Last, First, Middle Initial)
DAVID A GOLDSBERRY

Mailing Address 321 ST ANDREWS LN

City State Zip Code
GURNEE IL 60031

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 ▼ 646.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7797511936

Amount of Each Receipt this Period
152.00

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

B.

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

Mailing Address 6909 MARIS CT

City State Zip Code
BURLESON TX 76028

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.05

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7797541936

Amount of Each Receipt this Period
54.60

P/R Deduction (\$13.65 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ROBERT GIACALONE

Mailing Address 7471 BALFOURE CIRCLE

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, REG AFFAIRS/CHF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7797731936

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **406.60**

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 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT F GLOVER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 5633 N KOSTNER AVENUE	Transaction ID: PR7797881936
	City State Zip Code CHICAGO IL 60646	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) LINDY J MCLEAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7272 BLACK ABBEY CT	Transaction ID: PR7797971936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 139.28
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation SR CNSLT, ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 591.94	P/R Deduction (\$34.82 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) LAUREL BEELER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1723 EAGLE TRL	Transaction ID: PR7798061936
	City State Zip Code OXFORD MI 48371	Amount of Each Receipt this Period 100.00
	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 ▼ 425.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	339.28
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 24 / 75
(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

A.

Full Name (Last, First, Middle Initial)
STEVE M LAWRENCE

Mailing Address 4868 CARRIGAN RIDGE

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, RETAIL INDEPEND

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7798101936

Amount of Each Receipt this Period
400.00

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

B.

Full Name (Last, First, Middle Initial)
GREG W STORM

Mailing Address 4823 HOMESPUN DR.

City State Zip Code
FAYETTEVILLE AR 72704

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

Name of Employer Occupation
CARDINAL HEALTH, INC EXEC, SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.90

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7798291936

Amount of Each Receipt this Period
90.79

P/R Deduction (\$27.27 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHAEL L GROESBECK

Mailing Address 33916 N SUMMERFIELDS DR

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7798381936

Amount of Each Receipt this Period
160.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **650.79**

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

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

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

FOR LINE NUMBER: PAGE 25 / 75
(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. Full Name (Last, First, Middle Initial)
KATHY S POPEJOY

Mailing Address 11127 W 59TH AVE

City State Zip Code
ARVADA CO 80004

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.84

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7798411936

Amount of Each Receipt this Period 98.08

P/R Deduction (\$24.52 Bi-Weekly)

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

Mailing Address 6308 MCCOY

City State Zip Code
SHAWNEE KS 66226

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 239.36

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7798421936

Amount of Each Receipt this Period 56.32

P/R Deduction (\$14.08 Bi-Weekly)

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

Mailing Address 9761 ERIN WOODS DR

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, PROF & GOVT REL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2295.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7798471936

Amount of Each Receipt this Period 540.00

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

SUBTOTAL of Receipts This Page (optional) 694.40

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<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.	Full Name (Last, First, Middle Initial) BRIAN WORTH		Date of Receipt
	Mailing Address 5654 ROTHESAY DRIVE		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DUBLIN	OH	43017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, HR BUSINESS PAR	Transaction ID: PR7798581936
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT G MURPHY		Date of Receipt
	Mailing Address 10201 SYLVIAN DR		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DUBLIN	OH	43017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CARDINAL HEALTH, INC		Occupation VP, DIRECT SALES MGM	Transaction ID: PR7798641936
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.00"/>	Amount of Each Receipt this Period <input type="text" value="76.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JAMES L GILL		Date of Receipt
	Mailing Address 1529 WOODVALE AVENUE		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DEERFIELD	IL	60015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CARDINAL HEALTH, INC		Occupation VP, GM STRATEGIC INI	Transaction ID: PR7798681936
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="236.00"/>
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 27 / 75
	<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.	Full Name (Last, First, Middle Initial) DENNIS OTSUKA	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 9816 BUCKEYE ST. NW	Transaction ID: PR7798801936
	City State Zip Code ALBUQUERQUE NM 87114	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) FREDERICK D NELSON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7303 DEACON COURT	Transaction ID: PR7798891936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 162.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, OP EXCELLENCE -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 669.10	P/R Deduction (\$40.60 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHAEL D SYNOR	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 31772 FAIRWAY DR N	Transaction ID: PR7799051936
	City State Zip Code FORISTELL MO 63348	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	390.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<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.	Full Name (Last, First, Middle Initial) SCOTT J VON GLAHN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6975 DELMAR BLVD	Transaction ID: PR7799071936
	City State Zip Code UNIVERSITY CITY MO 63130	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) DEBORAH E WOLIN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 44 LAKE MIST DRIVE	Transaction ID: PR7799261936
	City State Zip Code SUGAR LAND TX 77479	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ASC GEN CSL, COM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) LORI S HAVLOVITZ	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 8969 SUNNINGDALE LANE	Transaction ID: PR7799401936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ENTERPRISE ARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	232.00
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 29 / 75
(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

A.

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

Mailing Address 5622 DORSEY DRIVE

City State Zip Code
COLUMBUS OH 43235

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, MKTG & PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 606.71

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7799471936

Amount of Each Receipt this Period
178.52

P/R Deduction (\$44.63 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MICHAEL D BROWN

Mailing Address 3103 SADDLE RIDGE

City State Zip Code
RICHMOND TX 77469

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7799611936

Amount of Each Receipt this Period
152.00

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

C.

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

Mailing Address 632 CHEOWA CIRCLE

City State Zip Code
KNOXVILLE TN 37919

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

Name of Employer Occupation
CARDINAL HEALTH, INC CHIEF CUSTOMER OFFIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7799701936

Amount of Each Receipt this Period
769.20

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

SUBTOTAL of Receipts This Page (optional) ► **1099.72**

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 / 75
	<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.	Full Name (Last, First, Middle Initial) JOHN E HOWARD		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 305 VINE CT		Transaction ID: PR7799731936
	City MANDEVILLE	State LA	Zip Code 70448
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer CARDINAL HEALTH, INC	Occupation SR CNSLT, FRANCHISE	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

B.	Full Name (Last, First, Middle Initial) KENDELL F SHERRER		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 500 SOUTH PARKVIEW AVENUE SUITE 305		Transaction ID: PR7799781936
	City BEXLEY	State OH	Zip Code 43209
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.44
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, BENEFITS	P/R Deduction (\$20.11 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.87		

C.	Full Name (Last, First, Middle Initial) LEEANN EVENSEN		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1423 SHADY VALLEY		Transaction ID: PR7799801936
	City SUGAR LAND	State TX	Zip Code 77479
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer CARDINAL HEALTH, INC	Occupation MGR, APP DESIGN & DE	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)	▶	200.44
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 75
(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

A.

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

Mailing Address 3418 BIG HICKORY DR.

City State Zip Code
KINGWOOD TX 77345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7799821936

Amount of Each Receipt this Period: 100.00

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

B.

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

Mailing Address 8314 DAVINGTON DR

City State Zip Code
DUBLIN OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7800141936

Amount of Each Receipt this Period: 152.00

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

C.

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

Mailing Address 6666 MCVEY BLVD

City State Zip Code
WEST WORTHINGTON OH 43235

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, HR SERVICE DELI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 436.43

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7800181936

Amount of Each Receipt this Period: 92.58

P/R Deduction (\$26.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **344.58**

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 32 / 75
	<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.	Full Name (Last, First, Middle Initial) STEVEN B MERKIN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1481 COUNTRY LN	Transaction ID: PR7800211936
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

B.	Full Name (Last, First, Middle Initial) KURT D DIECK	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7037 LAKE TRAIL DR	Transaction ID: PR7800221936
	City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, PD BUSINESS EXE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	

C.	Full Name (Last, First, Middle Initial) CYNTHIA S RHOMBERG	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 9379 REDAN COURT	Transaction ID: PR7800341936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	

SUBTOTAL of Receipts This Page (optional)	464.00
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 33 / 75
(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

A.

Full Name (Last, First, Middle Initial)
THOMAS P PERRINE

Mailing Address 7249 LONDON LANE

City State Zip Code
NEW ALBANY OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7800351936

Amount of Each Receipt this Period
200.00

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

B.

Full Name (Last, First, Middle Initial)
SALLY CURLEY

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 ▼ 1275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7800471936

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
GEORGE S BARRETT

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 ▼ 3269.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7800481936

Amount of Each Receipt this Period
769.20

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

SUBTOTAL of Receipts This Page (optional) ► **1269.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 75
	<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.	Full Name (Last, First, Middle Initial) CRAIG MORFORD		Date of Receipt
	Mailing Address 5565 LAKE SHORE AVE,		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WESTERVILLE	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7800491936
Name of Employer CARDINAL HEALTH, INC		Occupation CHIEF COMPLIANCE/LEG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3269.10"/>	<input type="text" value="769.20"/>
			P/R Deduction (\$192.30 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PATRICIA MORRISON		Date of Receipt
	Mailing Address 55 EAST ERIE #3801		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CHICAGO	IL	60611
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7800501936
Name of Employer CARDINAL HEALTH, INC		Occupation EVP, CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>	<input type="text" value="200.00"/>
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN C RADEMACHER		Date of Receipt
	Mailing Address 5006 ROSALIND LANE		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	POWELL	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7800511936
Name of Employer CARDINAL HEALTH, INC		Occupation PRESIDENT, NUCLEAR &	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1700.00"/>	<input type="text" value="400.00"/>
			P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1369.20"/>
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: PAGE 35 / 75
(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. Full Name (Last, First, Middle Initial)
MARK BLAKE

Mailing Address 2226 BRYDEN ROAD

City State Zip Code
COLUMBUS OH 43209

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7800521936
Amount of Each Receipt this Period: 769.20
P/R Deduction (\$192.30 Bi-Weekly)

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

Mailing Address 19 OLD FARM ROAD

City State Zip Code
GRANVILLE OH 43023

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7800531936
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 5090 PK BROOKE WKWY

City State Zip Code
ALPHARETTA GA 30022

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7800551936
Amount of Each Receipt this Period: 200.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1045.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<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.	Full Name (Last, First, Middle Initial) MATT J KOHUT		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 809 EAST ROCKLAND RD		Transaction ID: PR7800571936
	City LIBERTYVILLE	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM	P/R Deduction (\$13.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00		

B.	Full Name (Last, First, Middle Initial) BRAD WILSON		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 30121 FIDDLERS GREEN		Transaction ID: PR7800591936
	City FARMINGTON HILLS	State MI	Zip Code 48334
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM	P/R Deduction (\$13.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.50		

C.	Full Name (Last, First, Middle Initial) LISA MARLING-GEORGE		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 10502 MACKENZIE WAY		Transaction ID: PR7800601936
	City DUBLIN	State OH	Zip Code 43017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, TALENT MGMT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00		

SUBTOTAL of Receipts This Page (optional)	▶	182.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 75
(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

A.

Full Name (Last, First, Middle Initial) PAUL R LEODLER		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 101 SHY BEAR WAY NW		Transaction ID: PR7800611936
City ISSAQUAH	State WA	Zip Code 98027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PHYSICAL SECURI	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

B.

Full Name (Last, First, Middle Initial) JEFFREY E GREER		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 1570 CAMBRIDGE BLVD		Transaction ID: PR7800641936
City MARBLE CLIFF	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, IT BUSINESS PAR	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

C.

Full Name (Last, First, Middle Initial) PAUL S POGUE		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address 1174 GREERS LANDING DR		Transaction ID: PR7800651936
City HERNANDO	State MS	Zip Code 38632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

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: PAGE 38 / 75
(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

A.

Full Name (Last, First, Middle Initial)
RACHEL R STOLL

Mailing Address 420 WAKEFIELD BLUFF COURT

City State Zip Code
ALPHARETTA GA 30004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7800661936

Amount of Each Receipt this Period: 76.00

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

B.

Full Name (Last, First, Middle Initial)
KEITH A RIECKE

Mailing Address 137 COOPERWYCK RD

City State Zip Code
WENTZVILLE MO 63385

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7800671936

Amount of Each Receipt this Period: 76.00

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

C.

Full Name (Last, First, Middle Initial)
FRANK E RIDGWAY

Mailing Address 11513 TOTTENHAM PL

City State Zip Code
RICHMOND VA 23233

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 24 / 2011

Transaction ID: PR7800681936

Amount of Each Receipt this Period: 80.00

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

SUBTOTAL of Receipts This Page (optional) ► 232.00

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 39 / 75
(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

A.	Full Name (Last, First, Middle Initial) CARL T PETERSON		Date of Receipt MM / DD / YYYY 08 / 24 / 2011		
	Mailing Address 2812 PARKHAVEN DR		Transaction ID: PR7800691936		
	City FLOWER MOUND	State TX	Zip Code 75022	Amount of Each Receipt this Period 152.00	
	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 (HEALTH)	Aggregate Year-to-Date 646.00		

B.	Full Name (Last, First, Middle Initial) RONALD M WADSWORTH		Date of Receipt MM / DD / YYYY 08 / 24 / 2011		
	Mailing Address 4310 SUFFOLK WAY		Transaction ID: PR7800771936		
	City EL DORADO HILLS	State CA	Zip Code 95762	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, OPERATIONS MGMT	Aggregate Year-to-Date 255.00		

C.	Full Name (Last, First, Middle Initial) TAYLOR H SMITH		Date of Receipt MM / DD / YYYY 08 / 24 / 2011		
	Mailing Address 1141 OLD COLONY RD		Transaction ID: PR7800781936		
	City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM SURGICAL PRO	Aggregate Year-to-Date 323.00		

SUBTOTAL of Receipts This Page (optional)	288.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 75
	<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.	Full Name (Last, First, Middle Initial) ERIC M NORMAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7170 KINGSCOTE CT.	Transaction ID: PR7800791936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC SVP, SALES OPS AND H	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ERIC T BOLLING	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 13162 THORNTON DRIVE	Transaction ID: PR7800801936
	City State Zip Code FRISCO TX 75035	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) LINDA L GORDIEN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 2135 TULARE CT	Transaction ID: PR7800811936
	City State Zip Code UPLAND CA 91784	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	232.00
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 / 75
(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. Full Name (Last, First, Middle Initial)
ADRIANA AYALA

Mailing Address 11016 SW 77 CT CIR

City State Zip Code
PINECREST FL 33156

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7800821936

Amount of Each Receipt this Period
80.00

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

B. Full Name (Last, First, Middle Initial)
KRISTINA J KALLMEYER

Mailing Address 3940 VILLAGE CLUB DRIVE

City State Zip Code
POWELL OH 43065

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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7800831936

Amount of Each Receipt this Period
80.00

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

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

Mailing Address 874 AYLESBURY DRIVE

City State Zip Code
GAHANNA OH 43230

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

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, PHARMACEUTICAL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7800841936

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional) ► 240.00

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 / 75
	<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

A.	Full Name (Last, First, Middle Initial) PETER A STOY	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1955 ENCLAVE DRIVE	Transaction ID: PR7800851936
	City State Zip Code MT PLEASANT SC 29464	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) LINDA S LOCKYER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1133 NOE STREET	Transaction ID: PR7800861936
	City State Zip Code SAN FRANCISCO CA 94114	Amount of Each Receipt this Period 152.00
	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 ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DANIEL R ROBINSON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 8124 CROOKED OAKS CT	Transaction ID: PR7800871936
	City State Zip Code GAINESVILLE VA 20155	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARMACY OPERATI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	456.00
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 43 / 75
(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

A.	Full Name (Last, First, Middle Initial) ERNEST P ROGERS		Date of Receipt MM / DD / YYYY 08 / 24 / 2011		
	Mailing Address 105 RHINESTONE COURT		Transaction ID: PR7800881936		
	City ELIZABETHTOWN	State KY	Zip Code 42701	Amount of Each Receipt this Period 152.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation VP, CUSTOMER SERVICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 646.00			

B.	Full Name (Last, First, Middle Initial) CHARLES L COBB		Date of Receipt MM / DD / YYYY 08 / 24 / 2011		
	Mailing Address 2948 S. COLONIAL ST.		Transaction ID: PR7800891936		
	City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period 152.00	
	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 ▼ 646.00			

C.	Full Name (Last, First, Middle Initial) DAVID LAWRENCE		Date of Receipt MM / DD / YYYY 08 / 24 / 2011		
	Mailing Address 326 VINWOOD LANE		Transaction ID: PR7800911936		
	City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 200.00	
	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 ▼ 850.00			

SUBTOTAL of Receipts This Page (optional)	504.00
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 44 / 75
	<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.	Full Name (Last, First, Middle Initial) MURRAY K WINLAND	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 225 KITDARE DRIVE	Transaction ID: PR7800931936
	City DELAWARE State OH Zip Code 43015	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
	Name of Employer CARDINAL HEALTH, INC Occupation DIR, LEARNING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 323.00		

B.	Full Name (Last, First, Middle Initial) MARTHA HUSTON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 490 E. SUNBURST LN	Transaction ID: PR7800941936
	City TEMPE State AZ Zip Code 85284	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, WEST REGION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 850.00		

C.	Full Name (Last, First, Middle Initial) MELISSA A LABER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7174 LINWORTH RD.	Transaction ID: PR7800961936
	City COLUMBUS State OH Zip Code 43235	Amount of Each Receipt this Period 48.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Bi-Weekly)
	Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 204.00		

SUBTOTAL of Receipts This Page (optional)	324.00
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 45 / 75
	<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.	Full Name (Last, First, Middle Initial) LOUIS A MAYLE		Date of Receipt
	Mailing Address 4 WHITTIER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2011
	City	State	Zip Code
	MARBLEHEAD	MA	01945
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7800971936
Name of Employer CARDINAL HEALTH, INC		Occupation SVP/GM, NORTHEAST RE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 272.00	<input type="text"/> 64.00
			P/R Deduction (\$16.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) STUART G LAWS		Date of Receipt
	Mailing Address 5635 CYPRESS COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2011
	City	State	Zip Code
	WESTERVILLE	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7800981936
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, CHIEF ACCOUNTIN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.00	<input type="text"/> 76.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHAEL A MARUSA		Date of Receipt
	Mailing Address 38 ALPINE CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2011
	City	State	Zip Code
	SANDY HOOK	CT	06482
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7801011936
Name of Employer CARDINAL HEALTH, INC		Occupation VP, ACCOUNT (HEALTH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 646.00	<input type="text"/> 152.00
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 292.00
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 46 / 75
	<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.	Full Name (Last, First, Middle Initial) MARY W BAXTER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 9601 ST REGIS TERR	Transaction ID: PR7801021936
	City RICHMOND State VA Zip Code 23236	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) LOIS A BARRETT	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 2934 CENTRAL ST #3E	Transaction ID: PR7801031936
	City EVANSTON State IL Zip Code 60201	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 608.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CRAIG P COWMAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6851 KILLILEA DRIVE	Transaction ID: PR7801041936
	City DUBLIN State OH Zip Code 43017	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CARDINAL HEALTH, INC Occupation SVP, PRODUCT MANAGEM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	504.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 75
(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. Full Name (Last, First, Middle Initial)
DOUGLAS J KATZ

Mailing Address 20 MCCUE RD

City State Zip Code
MORGANVILLE NJ 07751

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 ▼ 323.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7801071936
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANDREW W WEHR

Mailing Address 905 LITTLE BEAR LOOP

City State Zip Code
LEWIS CENTER OH 43035

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIRECTOR, EH&S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7801081936
Amount of Each Receipt this Period: 76.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 837 VALLEY ROAD

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7801091936
Amount of Each Receipt this Period: 80.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 232.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 75
(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

A.

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

Mailing Address 323 OLD DUNN COURT

City State Zip Code
LAKE MARY FL 32746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7801101936

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
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 ▼ 646.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7801111936

Amount of Each Receipt this Period
152.00

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

C.

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

Mailing Address 3325 LITTLEPORT LANE

City State Zip Code
ACWORTH GA 30101

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7801121936

Amount of Each Receipt this Period
152.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **404.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 75
(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

A.

Full Name (Last, First, Middle Initial)
BENN SLEDGE

Mailing Address 8016 W 138TH TERRACE

City OVERLAND PARK State KS Zip Code 66223

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt 08 / 24 / 2011
Transaction ID: PR7801131936
Amount of Each Receipt this Period 152.00
P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
GILBERTO QUINTERO

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 ▼ 646.00

Date of Receipt 08 / 24 / 2011
Transaction ID: PR7801141936
Amount of Each Receipt this Period 152.00
P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHAEL M SINIGAGLIA

Mailing Address 57 WILLETS DR

City SYOSSET State NY Zip Code 11791

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 24 / 2011
Transaction ID: PR7801161936
Amount of Each Receipt this Period 60.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **364.00**

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 50 / 75
(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

A.

Full Name (Last, First, Middle Initial)
DAO V PHO

Mailing Address 5827 STONECREST DR.

City AGOURA HILLS State CA Zip Code 91301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7801171936
 Amount of Each Receipt this Period: 76.00
 P/R Deduction (\$19.00 Bi-Weekly)

B.

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

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 ▼ 646.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7801181936
 Amount of Each Receipt this Period: 152.00
 P/R Deduction (\$38.00 Bi-Weekly)

C.

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

Mailing Address 15 YEW COURT

City SAN RAFAEL State CA Zip Code 94903

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: PR7801191936
 Amount of Each Receipt this Period: 152.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **380.00**

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 51 / 75
(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. Full Name (Last, First, Middle Initial)
JOHN S LINDSEY

Mailing Address 50 TIMBERKNOLL LOOP

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7801211936

Amount of Each Receipt this Period
152.00

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

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

Mailing Address 5928 ROUNDSTONE

City State Zip Code
DUBLIN OH 43016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7801221936

Amount of Each Receipt this Period
152.00

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

C. Full Name (Last, First, Middle Initial)
GREGORY BOGGS

Mailing Address 7746 POLO LANE

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7801231936

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **380.00**

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 52 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOHN J BYRNES	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 161 TUCKER DR	Transaction ID: PR7801241936
	City State Zip Code WORTHINGTON OH 43085	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, TAX TECHNICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KIMBERLY C GRAVELL	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6783 ARBOR VIEW CT	Transaction ID: PR7801261936
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, STRATEGY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) PETER J BURKE	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 912 MILITARY DR	Transaction ID: PR7801271936
	City State Zip Code GALLOWAY OH 43119	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, SALES OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	288.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 75
	<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.	Full Name (Last, First, Middle Initial) ELIZABETH M KRENZER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 343 MILFORD DR	Transaction ID: PR7801281936
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC SVP, MANUFACTURING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SCOTT CULVER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 4324 SAVANNAH LN	Transaction ID: PR7801291936
	City State Zip Code SPRINGDALE AR 72762	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, MKTG & PRODUCT M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) EVELYN LONG	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 3333 HAWKS RIDGE DR	Transaction ID: PR7801301936
	City State Zip Code LAKELAND FL 33810	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation 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 ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	232.00
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 54 / 75
	<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.	Full Name (Last, First, Middle Initial) TOHID A VAHEDIAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1857 COLLINGSWOOD RD	Transaction ID: PR7801311936
	City State Zip Code COLUMBUS OH 43221	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP/GM, MED CHANNEL S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) RAJEEVE KAUL	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6669 BRODIE BLVD	Transaction ID: PR7801321936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, STRATEGIC PRICIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ROBERTSTEPHEN THOMPSON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 8338 AMBERLEIGH WAY	Transaction ID: PR7801331936
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, OP EXCELLENCE DE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 55 / 75
(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. Full Name (Last, First, Middle Initial)
KENNETH H ROBINETTE

Mailing Address 9409 AVE MORE CT.

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7801341936

Amount of Each Receipt this Period 152.00

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

B. Full Name (Last, First, Middle Initial)
THEOTIS WILSON

Mailing Address 14607 VILLALONGA LN

City CHARLOTTE State NC Zip Code 28277

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7801361936

Amount of Each Receipt this Period 76.00

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

C. Full Name (Last, First, Middle Initial)
JOAN R RHODUS

Mailing Address 14341 CANTERBURY

City LEAWOOD State KS Zip Code 66224

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 ▼ 323.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7801371936

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 304.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 75
	<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.	Full Name (Last, First, Middle Initial) JEFFREY B BRANNON		Date of Receipt
	Mailing Address 3965 CLEARLAKE CIRCL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	ZANESVILLE	OH	43701
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7801381936
Name of Employer CARDINAL HEALTH, INC		Occupation VP, ACCOUNT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/>
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ANDREW R KELLER		Date of Receipt
	Mailing Address PO BOX 3732		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DUBLIN	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7801391936
Name of Employer CARDINAL HEALTH, INC		Occupation VP, INVENTORY MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 646.00	<input type="text"/>
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MARC D DELORENZO		Date of Receipt
	Mailing Address 231 TILLER DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	POWELL	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: PR7801401936
Name of Employer CARDINAL HEALTH, INC		Occupation VP, TERRITORY SALES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 646.00	<input type="text"/>
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 404.00
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: PAGE 57 / 75
(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

A.

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

Mailing Address 6792 INGALLS CT

City State Zip Code
GALENA OH 43021

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

Name of Employer Occupation
CARDINAL HEALTH, INC EVP, OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7801421936

Amount of Each Receipt this Period
300.00

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

B.

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

Mailing Address 10834 S 166TH ST

City State Zip Code
OMAHA NE 68136

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 ▼ 850.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7801431936

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
ANNEMARIE LA BUE

Mailing Address 1877 TEWKSBURY RD

City State Zip Code
UPPER ARLINGTON OH 43221

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7801441936

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **576.00**

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 58 / 75
(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

A.

Full Name (Last, First, Middle Initial)
PAUL G FARLEY

Mailing Address 52 ONONDEGA RD

City State Zip Code
NARRAGANSETT RI 02882

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 ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7801451936

Amount of Each Receipt this Period 76.00

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

B.

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

Mailing Address 26 BERNON DRIVE

City State Zip Code
LINCOLN RI 02865

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 ▼ 646.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7801461936

Amount of Each Receipt this Period 152.00

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

C.

Full Name (Last, First, Middle Initial)
CRAIG ROTHMAN

Mailing Address 42 SEMINOLE WAY

City State Zip Code
SHORT HILLS NJ 07078

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7801471936

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional) ► **304.00**

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 59 / 75
(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. Full Name (Last, First, Middle Initial)
SEAN M MCCAFFREY

Mailing Address 1020 BUCK RUN RD

City SOUTHPOINTE State PA Zip Code 15317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7801481936

Amount of Each Receipt this Period 152.00

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

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

Mailing Address 5991 KITCHEN CT

City HILLIARD State OH Zip Code 43026

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 ▼ 340.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7801491936

Amount of Each Receipt this Period 80.00

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

C. Full Name (Last, First, Middle Initial)
DANIEL MOVENS

Mailing Address 18230 WOODBURY COURT

City NORTHVILLE State MI Zip Code 48168

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 ▼ 850.00

Date of Receipt 08 / 24 / 2011

Transaction ID: PR7801501936

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **432.00**

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 60 / 75
(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

A.

Full Name (Last, First, Middle Initial)
MARY C SCHERER

Mailing Address 223 WEATHERBURN CT

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7801511936

Amount of Each Receipt this Period
60.00

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

B.

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

Mailing Address 6812 SPRUCE PINE DR

City State Zip Code
COLUMBUS OH 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7801531936

Amount of Each Receipt this Period
152.00

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

C.

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

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 ▼ 646.00

Date of Receipt
08 / 24 / 2011

Transaction ID: PR7801541936

Amount of Each Receipt this Period
152.00

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

SUBTOTAL of Receipts This Page (optional) ► **364.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 75
	<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.	Full Name (Last, First, Middle Initial) MATTHEW S MARGOLIES	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 3065 SUMMER LEAF CT	Transaction ID: PR7801551936
	City State Zip Code GALENA OH 43021	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, SALES & MARKETI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOHN R WILLIAMS	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7026 BLAKEMORE LANE	Transaction ID: PR7801561936
	City State Zip Code DUBLIN OH 43016	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHAEL J GUASTELLA	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 1629 DAVENTRY LANE	Transaction ID: PR7801571936
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	456.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 75
(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

A.

Full Name (Last, First, Middle Initial)
ANGELA M THOMAS

Mailing Address 9287 WINDY CREEK DR

City State Zip Code
COLUMBUS OH 43240

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7801581936

Amount of Each Receipt this Period
80.00

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

B.

Full Name (Last, First, Middle Initial)
MEGHAN FITZGERALD

Mailing Address 6 MORGAN

City State Zip Code
NORWALK CT 06851

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

Name of Employer Occupation
CARDINAL HEALTH, INC PRES, SPECIALTY GROU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7801591936

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
CATHERINE S KENWORTHY

Mailing Address 5000 SLATE RUN WOODS COURT

City State Zip Code
COLUMBUS OH 43220

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

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID: PR7801601936

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **680.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 75
	<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.	Full Name (Last, First, Middle Initial) JOHN A FIACCO	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 124 FOX HAVEN DRIVE	Transaction ID: PR7986661936
	City State Zip Code O'FALLON MO 63368	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, PHARM OPS MGMT -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PAUL T BUSTER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 66 W BEECHWOLD BLVD	Transaction ID: PR7986671936
	City State Zip Code COLUMBUS OH 43214	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, IT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) GAUTAM S SHIRHATTIKAR	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 5473A BRIARDALE LANE	Transaction ID: PR7986681936
	City State Zip Code DUBLIN OH 43016	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, STRATEGIC PLNG/E	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	304.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 75
(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

A.

Full Name (Last, First, Middle Initial)
WILLIAM RENFER

Mailing Address 3328 E PINTAIL WAY

City State Zip Code
ELK GROVE CA 95757

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7986691936

Amount of Each Receipt this Period
76.00

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

B.

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

Mailing Address 2029 LEWIS CROSSING COURT

City State Zip Code
KELLER TX 76248

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 ▼ 418.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7986701936

Amount of Each Receipt this Period
152.00

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

C.

Full Name (Last, First, Middle Initial)
MAUREEN GIRARD

Mailing Address 130 N GARLAND
1906

City State Zip Code
CHICAGO IL 60602

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7986711936

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► **304.00**

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 65 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LISA A ASHBY		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 9165 TERRAZZA N CRT		Transaction ID: PR7986721936
	City DUBLIN	State OH	Zip Code 43016
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer CARDINAL HEALTH, INC	Occupation PRESIDENT, CATEGORY	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) HENRY M CHILTON		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 32 PALISADES PARKWAY		Transaction ID: PR7986731936
	City OAK RIDGE	State TN	Zip Code 37830
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 152.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, SALES	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.00	

C.	Full Name (Last, First, Middle Initial) ERIC C CHRISTENSEN		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 2481 SUTTER PARKWAY		Transaction ID: PR7986741936
	City DUBLIN	State OH	Zip Code 43016
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ASC GEN CSL, COM	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	452.00
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 66 / 75 (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

<p>A. Full Name (Last, First, Middle Initial) MARSHAL ARAGON</p> <p>Mailing Address 29306 DAKOTA DR</p> <p>City State Zip Code VALENCIA CA 91354</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDINAL HEALTH, INC DIR, OPERATIONS MGMT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 209.00</p>	<p>Date of Receipt 08 / 24 / 2011</p> <p>Transaction ID: PR7986751936</p> <p>Amount of Each Receipt this Period 76.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) RENE BLOCH</p> <p>Mailing Address 401 SPRING DRIVE</p> <p>City State Zip Code YORKTOWN HEIGHTS NY 10598</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDINAL HEALTH, INC EXEC TERRITORY SALES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>	<p>Date of Receipt 08 / 24 / 2011</p> <p>Transaction ID: PR7986811936</p> <p>Amount of Each Receipt this Period 152.00</p> <p>P/R Deduction (\$38.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) SCOTT A MACPHERSON</p> <p>Mailing Address 57 SCENIC HILLS COURT</p> <p>City State Zip Code BELLE MEAD NJ 08502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDINAL HEALTH, INC VP, TERRITORY SALES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>	<p>Date of Receipt 08 / 24 / 2011</p> <p>Transaction ID: PR7986891936</p> <p>Amount of Each Receipt this Period 152.00</p> <p>P/R Deduction (\$38.00 Bi-Weekly)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>380.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 75
	<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.	Full Name (Last, First, Middle Initial) ERIC M JOHNSON	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 8078 TRAIL LAKE DR	Transaction ID: PR7987151936
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, FINANCE (GENERAL)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS E HUNT	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 54 BROOKSIDE LN	Transaction ID: PR7987231936
	City State Zip Code LEMONT IL 60439	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC EXEC, ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) BLAIR R WILLIAMS	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 663 LYNNFIELD DR	Transaction ID: PR7987311936
	City State Zip Code WESTERVILLE OH 43081	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, HR SERVICE CENTE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	404.00
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 68 / 75
(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. Full Name (Last, First, Middle Initial)
LANE CHERAMIE

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7987451936

Amount of Each Receipt this Period
152.00

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

B. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7989711936

Amount of Each Receipt this Period
120.00

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

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

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7989771936

Amount of Each Receipt this Period
152.00

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

SUBTOTAL of Receipts This Page (optional) ► **424.00**

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 69 / 75
	<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.	Full Name (Last, First, Middle Initial) ELIZABETH R CARNES	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 4830 BROOKSVIEW CIR	Transaction ID: PR7989801936
	City State Zip Code NEW ALBANY OH 43054	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) VANETT MARSHALL	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 5585 PINE CONE CT	Transaction ID: PR7989881936
	City State Zip Code LIBERTY TOWNSHIP OH 45044	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, INSIDE SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) ISMAEL VILLARREAL	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 7302 EMERALD GLEN DR	Transaction ID: PR7989961936
	City State Zip Code SUGAR LAND TX 77479	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
	Name of Employer Occupation 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 ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	504.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 75
	<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.	Full Name (Last, First, Middle Initial) PETER FLANAGAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 16338 IVY LAKE DRIVE	Transaction ID: PR7990081936
	City State Zip Code ODESSA FL 33556	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, TERRITORY SALES	
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)

B.	Full Name (Last, First, Middle Initial) KATHRYN J ABLEIDINGER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 34 ASHBURY CT	Transaction ID: PR7990651936
	City State Zip Code HUDSON WI 54016	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation 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 ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MATTHEW G BAKER	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 13602 ASHLEY RUN	Transaction ID: PR7990751936
	City State Zip Code HOUSTON TX 77077	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, MKTG & PRODUCT	
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)	456.00
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 71 / 75
	<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.	Full Name (Last, First, Middle Initial) ROB D JORGENSEN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 578 MORTS DRIVE	Transaction ID: PR7990781936
	City State Zip Code WENTZVILLE MO 63385	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation 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 ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ALAN SMITH	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 6612 N. CREEKWOOD DR	Transaction ID: PR7990881936
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, QUALITY ASSURAN	
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)

C.	Full Name (Last, First, Middle Initial) BRADLEY G COCHRAN	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 2589 AIKIN CIRCLE S	Transaction ID: PR7990911936
	City State Zip Code LEWIS CENTER OH 43035	Amount of Each Receipt this Period 152.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	456.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 72 / 75
(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. Full Name (Last, First, Middle Initial)
DIANNE RADIGAN

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7990941936

Amount of Each Receipt this Period
152.00

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

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

Mailing Address 352 DORADO BEACH EAST

City State Zip Code
DORADO PR 00646

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR7990981936

Amount of Each Receipt this Period
152.00

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

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

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 601.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: PR8131761936

Amount of Each Receipt this Period
401.20

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

SUBTOTAL of Receipts This Page (optional) ► **705.20**

TOTAL This Period (last page this line number only) ► **32037.40**

**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

<p>A. Full Name (Last, First, Middle Initial) Kay Hagan for US Senate</p> <p>Mailing Address PO Box 29103</p> <p>City Greensboro State NC Zip Code 27429</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Sen. Kay R. Hagan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5369140</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Direct Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Steve Austria for Congress</p> <p>Mailing Address 20 S Limestone St Suite 390</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5370831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Direct Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Jordan for Congress</p> <p>Mailing Address 1709 State Route 560 South</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Jim Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5374838</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Direct Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller	Transaction ID: 5374839 Date of Disbursement
	Mailing Address PO Box 1909	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="15"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Sen. John D. Rockefeller, IV	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Guthrie for Congress	Transaction ID: 5643154 Date of Disbursement
	Mailing Address PO Box 9639	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="3000.00"/>
	Candidate Name Rep. Brett Guthrie	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: 5646181 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Frank Pallone, Jr.	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

A. Full Name (Last, First, Middle Initial) Wyden for Oregon <hr/> Mailing Address 122 C Street NW Ste 505 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5646182 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00 Direct Contribution
B. Full Name (Last, First, Middle Initial) David Weprin For Congress <hr/> Mailing Address 72-50 Austin Street Second Floor <hr/> City Forest Hills State NY Zip Code 11375 <hr/> Purpose of Disbursement Direct Contribution - Special General Election Candidate Name Mr. David Weprin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5721921 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Direct Contribution - Special General Election

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

16000.00