



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		217293.89
(b) Cash on Hand at Beginning of Reporting Period.....	205198.46	
(c) Total Receipts (from Line 19) .....	23177.68	233209.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	228376.14	450503.14
7. Total Disbursements (from Line 31).....	82000.00	304127.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	146376.14	146376.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20615.06	153249.07
(ii) Unitemized .....	2524.28	79582.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23139.34	232831.29
(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) .....	23139.34	232831.29
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.).....	38.34	377.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23177.68	233209.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23177.68	233209.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	84.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	84.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82000.00	242000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	62043.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82000.00	304127.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82000.00	304127.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23139.34	232831.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23139.34	232831.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	84.00
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	84.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 123
<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. JAMES F BALZER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3510 DEEP COVE DRIVE

City CUMMING State GA Zip Code 30041

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

Name of Employer: CARDINAL HEALTH, INC Occupation: MGR, WAREHOUSE OPERA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.60

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR7796914469**

Amount of Each Receipt this Period: 21.76

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

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

Mailing Address 7001 SEAVIEW AVE NW SUITE 150-17

City SEATTLE State WA Zip Code 98117

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR7800614469**

Amount of Each Receipt this Period: 38.00

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

**C. ROBERT F F GLOVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5633 N KOSTNER AVENUE

City CHICAGO State IL Zip Code 60646

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8737744469**

Amount of Each Receipt this Period: 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 123
	<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. THOMAS E E HUNT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 BROOKSIDE LN  
City LEMONT State IL Zip Code 60439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8737754469**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B. TONY SZADO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5342 S LEWISTON CT  
City CENTENNIAL State CO Zip Code 80015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8737764469**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C. MARK R OVERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 900 WYNDHAM HILL CT  
City SOUTHLAKE State TX Zip Code 76092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.72

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8737774469**  
Amount of Each Receipt this Period 38.54  
P/R Deduction (\$19.27 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.54  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 8 OF 123  
(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. LINDA S LOCKYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1133 NOE STREET  
 City SAN FRANCISCO State CA Zip Code 94114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737784469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. RONALD A A DEDELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1080 BIG WATER POINT  
 City GREENSBORO State GA Zip Code 30642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737804469**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. LOIS A BARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2934 CENTRAL ST #3E  
 City EVANSTON State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737814469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 123
	<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. ADRIANA AYALA**  
Full Name (Last, First, Middle Initial)

Mailing Address 11016 SW 77 CT CIR

City PINECREST State FL Zip Code 33156

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737854469**

Amount of Each Receipt this Period  
 40.00

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

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

Mailing Address 6308 MCCOY

City SHAWNEE State KS Zip Code 66226

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737874469**

Amount of Each Receipt this Period  
 30.90

P/R Deduction (\$15.45 Bi-Weekly)

**C. MARYANN CLYBURN**  
Full Name (Last, First, Middle Initial)

Mailing Address 24262 CATALUNA CIR

City MISSION VIEJO State CA Zip Code 92691

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737884469**

Amount of Each Receipt this Period  
 25.20

P/R Deduction (\$14.29 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ANTHONY J J CAPRIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 COTTAGE LANE  
 City MARLBORO State NJ Zip Code 07746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737934469**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. KATHY S POPEJOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11127 W 59TH AVE  
 City ARVADA State CO Zip Code 80004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737944469**  
 Amount of Each Receipt this Period 51.12  
 P/R Deduction (\$25.56 Bi-Weekly)

**C. FREDERICK D CK D NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7303 DEACON COURT  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 813.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8737964469**  
 Amount of Each Receipt this Period 82.84  
 P/R Deduction (\$41.42 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JAMES L GILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1529 WOODVALE AVENUE

City DEERFIELD State IL Zip Code 60015

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, GM STRATEGIC INI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8737984469**

Amount of Each Receipt this Period **300.00**

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

**B. CHRISTOPHER J PHER J ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 GEORGE PIERCE

City SUWANEE State GA Zip Code 30024

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8737994469**

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 9165 TERRAZZA N CRT

City DUBLIN State OH Zip Code 43016

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

Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, CATEGORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8738004469**

Amount of Each Receipt this Period **100.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **168.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BRAD WILSON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738014469</b>
Mailing Address 30121 FIDDLERS GREEN		Amount of Each Receipt this Period 270.00
City FARMINGTON HILLS	State MI	Zip Code 48334
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS J J KATZ</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738024469</b>
Mailing Address 20 MCCUE RD		Amount of Each Receipt this Period 380.00
City MORGANVILLE	State NJ	Zip Code 07751
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH R TH R CARNES</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738034469</b>
Mailing Address 4830 BROOKSVIEW CIR		Amount of Each Receipt this Period 100.00
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ACCOUNT MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 123
<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. HARRY T VAIL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2693 FOX RIVER LN

City NAPERVILLE State IL Zip Code 60565

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738044469**

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 6909 MARIS CT

City BURLESON State TX Zip Code 76028

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 281.16

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738094469**

Amount of Each Receipt this Period 28.62

P/R Deduction (\$14.31 Bi-Weekly)

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

Mailing Address 10 CHERRY LANE

City CHESTER State NY Zip Code 10918

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738104469**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT M M RANDKLEV</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738114469</b>
Mailing Address 4708 MEANDERING WAY		Amount of Each Receipt this Period 400.00
City COLLEYVILLE State TX Zip Code 76034	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, SOUTHWEST RE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) <b>B. GEOFFREY Y Y Y MCMAHON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738124469</b>
Mailing Address 57-531 KAMEHAMEHA HWY		Amount of Each Receipt this Period 38.00
City KAHUKU State HI Zip Code 96731	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN T N T THOMPSON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738144469</b>
Mailing Address 2029 LEWIS CROSSING COURT		Amount of Each Receipt this Period 76.00
City KELLER State TX Zip Code 76248	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 123
<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. DONALD R R HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1848 OVERLOOK DRIVE  
 City MOUNT DORA State FL Zip Code 32757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738164469**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. MICHAEL A A LYNCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 E ROSEMARY  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CONSULTING SR EXECUT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738174469**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LOUIS A MAYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 WHITTIER RD  
 City MARBLEHEAD State MA Zip Code 01945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, NORTHEAST RE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738184469**  
 Amount of Each Receipt this Period 32.00  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	446.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 123  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. LAUREL BEELER**

Mailing Address 1723 EAGLE TRL

City State Zip Code  
OXFORD MI 48371

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR8738204469**

Amount of Each Receipt this Period  
500.00

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

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
760.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR8738214469**

Amount of Each Receipt this Period  
76.00

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

Full Name (Last, First, Middle Initial)  
**C. DANIEL L L SWANBERG**

Mailing Address 3648 TIERRA PARIS

City State Zip Code  
EL PASO TX 79938

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

Name of Employer Occupation  
CARDINAL HEALTH, INC DIR, ENGINEERING MGM

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR8738224469**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 164.00

**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 17 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MICHAEL L L GROESBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33916 N SUMMERFIELDS DR  
 City GURNEE State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA MEDICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738234469**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. DEBRA L SCHOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 THORNWOOD AVENUE  
 City WILMETTE State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PATIENT CARE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738274469**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. GREGG A BREWSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3710 FENCELINE ROAD  
 City FRANKSVILLE State WI Zip Code 53126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738284469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	218.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 123
<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. STEVEN B B MERKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1481 COUNTRY LN  
 City DEERFIELD State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUS PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738294469**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. MICHELE B B DONATICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 PENNY LANE  
 City GRAYSLAKE State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CUSTOMER ADVOCA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 271.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738304469**  
 Amount of Each Receipt this Period 27.66  
 P/R Deduction (\$13.83 Bi-Weekly)

**C. FRANK E RIDGWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11513 TOTTENHAM PL  
 City RICHMOND State VA Zip Code 23233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738324469**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CINDY ROSER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5090 PK BROOKE WKWY  
City ALPHARETTA State GA Zip Code 30022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, SOUTHEAST RE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738334469**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. GREG W STORM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 CHALLAIN DRIVE  
City LITTLE ROCK State AR Zip Code 72223-5517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 505.67

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738334469**  
Amount of Each Receipt this Period 43.60  
P/R Deduction (\$27.62 Bi-Weekly)

**C. STEPHEN A A INACKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1490 S RIDGE ROAD  
City LAKE FOREST State IL Zip Code 60045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation PRES, MEDICAL CHANNE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 757.60

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738334469**  
Amount of Each Receipt this Period 75.76  
P/R Deduction (\$37.88 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	219.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 123
<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. GREGORY C C GROENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7092 LAUREN CT  
 City GURNEE State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM ENVIRONMENTA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738404469**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. WILFRIDO M O M SOSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 LIVE OAK  
 City EL PASO State TX Zip Code 79932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738414469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. SUSAN J JACOBSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 NEWTON AVENUE  
 City PARK RIDGE State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738454469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 123
	<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. ROBERT B B HOBGOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 COBBLESTONE DR  
 City CHAPEL HILL State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738464469**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. EVELYN LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 HAWKS RIDGE DR  
 City LAKELAND State FL Zip Code 33810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738484469**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. MICHAEL M M SINIGAGLIA**  
 Full Name (Last, First, Middle Initial)  
 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, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738504469**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 123
	<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. STACY SEPTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 MILLER DRIVE

City SYLACAUGA	State AL	Zip Code 35151
FEC ID number of contributing federal political committee. C		
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 ▼ 380.00	

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8738564469**

Amount of Each Receipt this Period  
38.00

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

**B. JAMES H HORNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2706 ISLAND COVE ROAD

City FORT MILL	State SC	Zip Code 29708
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MANUFACTURING M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8738594469**

Amount of Each Receipt this Period  
38.00

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

**C. PAUL S POGUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1174 GREERS LANDING DR

City HERNANDO	State MS	Zip Code 38632
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8738604469**

Amount of Each Receipt this Period  
38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 123
	<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. BRENDA G G BARDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3435 ALTA VISTA DR  
 City CHATTANOOGA State TN Zip Code 37411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738614469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738644469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JAY C GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1472 MILL RACE  
 City ROCHESTER HILLS State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738654469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 123
	<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. MARK MISPLAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1811 WINDY HILL LANE  
City PROSPER State TX Zip Code 75078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, DIRECT SALES MG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738664469**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738674469**  
Amount of Each Receipt this Period 26.00  
P/R Deduction (\$13.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8738684469**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 123
<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. TAYLOR H H SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1141 OLD COLONY RD

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM SURGICAL PRO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR8738694469**

Amount of Each Receipt this Period  
**380.00**

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

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

Mailing Address 2130 W NORTH AVE #302

City CHICAGO State IL Zip Code 60622

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR8738714469**

Amount of Each Receipt this Period  
**28.00**

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

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

Mailing Address 12195 ANDREWS DRIVE

City PLAIN CITY State OH Zip Code 43064

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR8738754469**

Amount of Each Receipt this Period  
**40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>106.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT MOULTON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738764469</b>
Mailing Address 7017 VIOLET VEIL		Amount of Each Receipt this Period 380.00
City DUBLIN State OH Zip Code 43016	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00

Full Name (Last, First, Middle Initial) <b>B. JOSEPH L L BOURQUE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738774469</b>
Mailing Address 18 BUSH HILL RD		Amount of Each Receipt this Period 38.00
City IPSWICH State MA Zip Code 01938	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00

Full Name (Last, First, Middle Initial) <b>C. STEPHEN REARDON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8738784469</b>
Mailing Address 9098 MEDITERRA PLACE		Amount of Each Receipt this Period 40.00
City DUBLIN State OH Zip Code 43016	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, QRA MGMT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. PAUL G FARLEY</b>			Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR8738804469</b>
Mailing Address 52 ONONDEGA RD			Amount of Each Receipt this Period 380.00
City NARRAGANSETT	State RI	Zip Code 02882	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B. EDWARD SULLIVAN</b>			Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR8738814469</b>
Mailing Address 26 BERNON DRIVE			Amount of Each Receipt this Period 76.00
City LINCOLN	State RI	Zip Code 02865	P/R Deduction (\$38.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CARDINAL HEALTH, INC	Occupation VP, TERRITORY SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

Full Name (Last, First, Middle Initial) <b>C. DANIEL BISHOP</b>			Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR8738824469</b>
Mailing Address 21614 CANYON FOREST CT			Amount of Each Receipt this Period 38.00
City KATY	State TX	Zip Code 77450	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FIN PLNG & ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 123
	<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. PATRICK J J ECKHERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4509 HUNTER LAKE DR

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, STRATEGIC SOURC
------------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8738834469**

Amount of Each Receipt this Period  

380.00
--------

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

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

Mailing Address 401 SPRING DRIVE

City YORKTOWN HEIGHTS	State NY	Zip Code 10598
--------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8738844469**

Amount of Each Receipt this Period  

76.00
-------

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

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

Mailing Address 8314 DAVINGTON DR

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8738854469**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 123
	<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. JOHN A FIACCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 FOX HAVEN DRIVE

City O'FALLON State MO Zip Code 63368

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR8738864469**

Amount of Each Receipt this Period  
**76.00**

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

**B. MICHAEL D D SYNOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 31772 FAIRWAY DR N

City FORISTELL State MO Zip Code 63348

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR8738884469**

Amount of Each Receipt this Period  
**38.00**

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

**C. ERIC D SUTHERLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 6433 TULIPWOOD LANE

City JAMESVILLE State NY Zip Code 13078

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR8738904469**

Amount of Each Receipt this Period  
**38.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 123
	<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. KRISTINA M A M ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5464 HEATHROW DRIVE  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, RESEARCH PROJEC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 268.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738914469**  
 Amount of Each Receipt this Period  
 27.32  
 P/R Deduction (\$13.66 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738934469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. TED L DIBIASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4954 ROSEGATE COURT  
 City State Zip Code  
 DUBLIN OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ORG HEALTH & LAB  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738944469**  
 Amount of Each Receipt this Period  
 122.40  
 P/R Deduction (\$61.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 123  
(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. JOSHUA T T GAINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5721 CLOVER LANE  
 City WESTERVILLE State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, STRATEGY & CORP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738964469**  
 Amount of Each Receipt this Period 580.00  
 P/R Deduction (\$29.00 Bi-Weekly)

**B. STEPHEN FLANNERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 EAST CENTER ST  
 City SHAVERTOWN State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 401.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738984469**  
 Amount of Each Receipt this Period 40.66  
 P/R Deduction (\$20.33 Bi-Weekly)

**C. CHARLES AQUILINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4871 NORMANDY DRIVE  
 City GALENA State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, MKTG & PRODUCT M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8738994469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 136.66  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GEORGE J J PLAVA</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739034469</b>
Mailing Address 3526 PEMBROOKE DR		Amount of Each Receipt this Period 138.46
City RICHMOND	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$69.23 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS & ACCO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.60	

Full Name (Last, First, Middle Initial) <b>B. ROBERT S S SUMMERS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739054469</b>
Mailing Address 146 CHASELY CIRCLE		Amount of Each Receipt this Period 60.70
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.35 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 607.00	

Full Name (Last, First, Middle Initial) <b>C. NATASHA C C NICOL</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739064469</b>
Mailing Address 35 RED TAIL HAWK LOOP		Amount of Each Receipt this Period 38.00
City PAWLEYS ISLAND	State SC	Zip Code 29585
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CLINICAL SPEC -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	237.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 123  
(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. SEAN M MCCAFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 BUCK RUN RD  
 City SOUTHPOINTE State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739074469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. DEBORAH E E WOLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 LAKE MIST DRIVE  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, COM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739084469**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. STEVEN J J CALLISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1368 LINCOLN ROAD  
 City COLUMBUS State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.92

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739094469**  
 Amount of Each Receipt this Period 37.62  
 P/R Deduction (\$18.81 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 153.62  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RONALD M M WADSWORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4310 SUFFOLK WAY  
 City EL DORADO HILLS State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739104469**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. SUSAN C JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 260 JENKINS ROAD  
 City LEBANON State TN Zip Code 37087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739124469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. WILLIAM F F SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8501 HEATHERWOOD DRIVE  
 City SAVANNAH State GA Zip Code 31406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, BUS SYS AN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.60

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739154469**  
 Amount of Each Receipt this Period 21.16  
 P/R Deduction (\$10.58 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 123
	<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. JOHN O GINN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10120 TAN RARA DRIVE

City KNOXVILLE State TN Zip Code 37922

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8739164469**

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3204 STONEBRIDGE TR

City VALRICO State FL Zip Code 33596

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8739174469**

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3810 LOCH GLEN CT

City HOUSTON State TX Zip Code 77059

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.38

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8739194469**

Amount of Each Receipt this Period 74.50

P/R Deduction (\$37.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 123
	<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. RICHARD F F COLLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2903 21ST AVE CT SE

City PUYALLUP State WA Zip Code 98372-1712

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

Name of Employer: CARDINAL HEALTH, INC Occupation: EXEC, ACCOUNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **09 / 30 / 2012**

**Transaction ID : PR8739204469**

Amount of Each Receipt this Period: **380.00**

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

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

Mailing Address 9318 PRATOLINA VILLA DRIVE

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **09 / 30 / 2012**

**Transaction ID : PR8739224469**

Amount of Each Receipt this Period: **100.00**

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

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

Mailing Address 2589 AIKIN CIRCLE S

City LEWIS CENTER State OH Zip Code 43035

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt: **09 / 30 / 2012**

**Transaction ID : PR8739244469**

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

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

**SUBTOTAL** of Receipts This Page (optional)..... **214.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 123
	<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. WILLIAM OWAD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7558 HEATHERWOOD LN  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, OPERATIONAL EXC  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2006.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8739254469**  
Amount of Each Receipt this Period **200.60**  
P/R Deduction (\$100.30 Bi-Weekly)

**B. CHRISTOPHER PHER ATZBACH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 524 GARDEN DRIVE  
City MARYSVILLE State OH Zip Code 43040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, GENERAL ACCTG  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8739284469**  
Amount of Each Receipt this Period **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8739294469**  
Amount of Each Receipt this Period **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **276.60**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 123
<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. JEFFREY B B BRANNON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3965 CLEARLAKE CIRCL

City ZANESVILLE State OH Zip Code 43701

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739304469**

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 6851 KILLILEA DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739314469**

Amount of Each Receipt this Period 100.00

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

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

Mailing Address 8969 SUNNINGDALE LANE

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739324469**

Amount of Each Receipt this Period 38.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 123
<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. TRACY K GODFREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 POLARIS PARKWAY # 175

City COLUMBUS State OH Zip Code 43240

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8739334469**

Amount of Each Receipt this Period: 380.00

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

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

Mailing Address 5991 KITCHEN CT

City HILLIARD State OH Zip Code 43026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8739334469**

Amount of Each Receipt this Period: 40.00

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

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

Mailing Address 9410 CULROSS CT

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8739354469**

Amount of Each Receipt this Period: 100.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 123
	<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. JOSEPH S S HODGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2260 GNARLED PINE DRIVE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739364469**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHAEL C C KAUFMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7160 TEMPERANCE POINT ST  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739384469**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GREGORY BOGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7746 POLO LANE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739394469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	460.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 42 OF 123  
(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. ANGELA M M THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9287 WINDY CREEK DR  
 City COLUMBUS State OH Zip Code 43240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739404469**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. AMY P SNOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 WHITECRAIGS CT  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739414469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. PETER A STOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1955 ENCLAVE DRIVE  
 City MT PLEASANT State SC Zip Code 29464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739424469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 123
	<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. LAURA L SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5828 IVY BRANCH DR  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739464469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. KEVIN M KANNALLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14529 ROBINSON RD  
 City PLAIN CITY State OH Zip Code 43064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739474469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739484469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739494469**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHAEL P P KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4783 VISTA RIDGE DR  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2006.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739504469**  
 Amount of Each Receipt this Period 200.60  
 P/R Deduction (\$100.30 Bi-Weekly)

**C. CYNTHIA S S RHOMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9379 REDAN COURT  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739534469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	314.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 123
	<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. CAROLYN E E GRANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6869 MEADOW GLEN DR

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739544469**

Amount of Each Receipt this Period  
**76.00**

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

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

Mailing Address 3940 VILLAGE CLUB DRIVE

City POWELL State OH Zip Code 43065

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739544469**

Amount of Each Receipt this Period  
**40.00**

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

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

Mailing Address 5014 CLOSEBURN CT

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739574469**

Amount of Each Receipt this Period  
**100.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **216.00**

**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 46 OF 123  
(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. TROY L HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5622 DORSEY DRIVE  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 907.48

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739584469**  
 Amount of Each Receipt this Period 91.36  
 P/R Deduction (\$45.68 Bi-Weekly)

**B. PATRICK A A SELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4077 PIONEER COURT  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739614469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. CASSANDRA E RA E BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1751 BARRINGTON RD  
 City UPPER ARLINGTON State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOV'T RELATIONS M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1293.58

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739644469**  
 Amount of Each Receipt this Period 131.68  
 P/R Deduction (\$65.84 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 261.04  
**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 47 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2761 SKELTON LN

City BLACKLICK State OH Zip Code 43004

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **624.57**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8739664469**

Amount of Each Receipt this Period **68.66**

P/R Deduction (\$34.33 Bi-Weekly)

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

Mailing Address 520 EDEN PARK DRIVE

City FRANKLIN State TN Zip Code 37067

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **283.40**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8739674469**

Amount of Each Receipt this Period **26.64**

P/R Deduction (\$13.32 Bi-Weekly)

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

Mailing Address 2175 LANE RD

City COLUMBUS State OH Zip Code 43220

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8739684469**

Amount of Each Receipt this Period **200.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **295.30**

**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 48 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CHAD E SANDERS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739714469</b>
Mailing Address 831 ELLIS ST		Amount of Each Receipt this Period 240.00
City PICKERINGTON	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, TERRITORY SALE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. CAROLE S S WATKINS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739724469</b>
Mailing Address 1967 WOODLANDS PLACE		Amount of Each Receipt this Period 384.60
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF HUMAN RESOURCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	

Full Name (Last, First, Middle Initial) <b>C. MARY C SCHERER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739734469</b>
Mailing Address 223 WEATHERBURN CT		Amount of Each Receipt this Period 30.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, FINANCE (GENERAL)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	438.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 123
<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. JON GIACOMIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6792 INGALLS CT  
City GALENA State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation EVP, OPERATIONS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739744469**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$75.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739754469**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739764469**  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MICHAEL WOHLFEIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1124 CALEDONIA LANE  
 City State Zip Code  
 CRYSTAL LAKE IL 60014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, ACCOUNT MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739774469**  
 Amount of Each Receipt this Period  
 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ROBERT GIACALONE**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739784469**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. PAMELA S S HOLOHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 E WASHINGTON ST  
 City State Zip Code  
 GARDNER IL 60424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC EXEC, ACCOUNT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739794469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 51 OF 123  
(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. DEBRA A FLUNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 SUNNYSIDE AVE  
 City GURNEE State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739804469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHAEL D D BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3103 SADDLE RIDGE  
 City RICHMOND State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739824469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739874469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 152.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 52 OF 123  
(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. ANTHONY D D WOO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6151 HADDO WAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORP DEVEL, FIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739884469**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739894469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8739904469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 123
	(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"/> 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. DANIEL R R ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8124 CROOKED OAKS CT  
 City GAINESVILLE State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARMACY OPERATI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739914469**  
 Amount of Each Receipt this Period 760.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. STEVE M LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4868 CARRIGAN RIDGE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739924469**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8739934469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	314.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DAVID LAWRENCE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739944469</b>
Mailing Address 326 VINWOOD LANE		Amount of Each Receipt this Period 100.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	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 ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MARK E ROSENBAUM</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739954469</b>
Mailing Address 632 CHEOWA CIRCLE		Amount of Each Receipt this Period 384.60
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF CUSTOMER OFFIC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. STUART MARTIN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8739974469</b>
Mailing Address 9711 CONCORD RIDGE		Amount of Each Receipt this Period 38.00
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	522.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 OF 123 (check only one)
<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	<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. LAWRENCE E MALHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 LONE OAK DRIVE

City State Zip Code  
WHITE HOUSE TN 37188

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
**09 / 30 / 2012**

**Transaction ID : PR8739984469**

Amount of Each Receipt this Period  
**38.00**

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

**B. JOHN E HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 CULLEN DR

City State Zip Code  
MOBILE AL 36606

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SR CNSLT, FRANCHISE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 30 / 2012**

**Transaction ID : PR8740014469**

Amount of Each Receipt this Period  
**30.00**

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

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

Mailing Address 14607 VILLALONGA LN

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 (HEALTH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
**09 / 30 / 2012**

**Transaction ID : PR8740024469**

Amount of Each Receipt this Period  
**38.00**

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

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

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

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

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

FOR LINE NUMBER: PAGE 56 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DAVID E GAJESKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 352 DORADO BEACH EAST  
 City DORADO State PR Zip Code 00646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740034469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. MICHAEL E E COOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1539 HIGHWAY 135  
 City RAYVILLE State LA Zip Code 71269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740074469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740084469**  
 Amount of Each Receipt this Period 40.22  
 P/R Deduction (\$20.11 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 154.22  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 123
<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. GARY B ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 6146 BALMORAL DRIVE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740094469**

Amount of Each Receipt this Period  

400.00
--------

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

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

Mailing Address 7170 KINGSCOTE CT.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740104469**

Amount of Each Receipt this Period  

38.00
-------

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

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

Mailing Address 1423 SHADY VALLEY

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740114469**

Amount of Each Receipt this Period  

30.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 123
<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. THERESA L L GOULD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3418 BIG HICKORY DR.  
 City KINGWOOD State TX Zip Code 77345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740134469**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. TINA M STAVINOHA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 ARROW ROAD  
 City EAGLE LAKE State TX Zip Code 77434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, LEARNING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740144469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. CONNIE WOODBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9761 ERIN WOODS DR  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PROF & GOVT REL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740154469**  
 Amount of Each Receipt this Period 270.00  
 P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 123
<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. ROBBIE D D JORGENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 MORTS DRIVE  
 City WENTZVILLE State MO Zip Code 63385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740164469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. BRIAN WORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5654 ROTHESAY DRIVE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, HR BUSINESS PAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740194469**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. DAVID S OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12211 CLEARFORK DR  
 City HOUSTON State TX Zip Code 77077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, PHARMACY OPERAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740234469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	164.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 123
	<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. ERIC C CHRISTENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2481 SUTTER PARKWAY

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR8740244469**

Amount of Each Receipt this Period  
 500.00

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

**B. RAYMOND GROTZINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 0836 SW CURRY ST # 102

City PORTLAND State OR Zip Code 97239

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MULTI-FUNCTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR8740274469**

Amount of Each Receipt this Period  
 38.00

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

**C. ROBERT G G MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2818 FRANICS LANE

City COSTA MESA State CA Zip Code 92626

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR8740284469**

Amount of Each Receipt this Period  
 38.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DAVID M ELLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 THOR WAY  
 City State Zip Code  
 CARMICHAEL CA 95608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, TERRITORY SALES  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740294469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. RICHARD J J ROSENFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4827 ROCKWOOD DRIVE  
 City State Zip Code  
 WAXHAW NC 28173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, PHARM OPS & ACC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740304469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. BLAIR R WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 663 LYNNFIELD DR  
 City State Zip Code  
 WESTERVILLE OH 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, HR MANAGEMENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740314469**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO BOX 3732

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8740334469**

Amount of Each Receipt this Period **76.00**

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

**B. SIDNEY P P PHILLIPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1285 PLOVER CIR

City PONDER State TX Zip Code 76259

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR,CLINICAL OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8740354469**

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 8078 TRAIL LAKE DR

City POWELL State OH Zip Code 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8740404469**

Amount of Each Receipt this Period **76.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **190.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 123
	<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. JILL F LANOUILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 OLD FARM ROAD

City GRANVILLE State OH Zip Code 43023

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740414469**

Amount of Each Receipt this Period  
**380.00**

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

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

Mailing Address 6666 MCVEY BLVD

City WEST WORTHINGTON State OH Zip Code 43235

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **544.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740424469**

Amount of Each Receipt this Period  
**55.08**

P/R Deduction (\$27.54 Bi-Weekly)

**C. MELISSA A A LABER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7174 LINWORTH RD.

City COLUMBUS State OH Zip Code 43235

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740444469**

Amount of Each Receipt this Period  
**24.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KEVIN HARRY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740454469</b>
Mailing Address 3003 BREEZEWOOD LN		Amount of Each Receipt this Period 380.00
City GALENA	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, FINANCE (GENERAL)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. LAUREN E E FIELDS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740464469</b>
Mailing Address 4316 OAK WOOD COURT		Amount of Each Receipt this Period 380.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, KNOWLEDGE MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MARC D DELORENZO</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740494469</b>
Mailing Address 231 TILLER DRIVE		Amount of Each Receipt this Period 76.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
		P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 123
	(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"/> 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. LINDA L GORDIEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2135 TULARE CT  
City UPLAND State CA Zip Code 91784  
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 ▼ 400.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740514469**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. WILLIAM B B CHRISTIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3325 LITTLEPORT LANE  
City ACWORTH State GA Zip Code 30101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740534469**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. ERIC T BOLLING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13162 THORNTON DRIVE  
City FRISCO State TX Zip Code 75035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740544469**  
Amount of Each Receipt this Period 19.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**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 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARY W BAXTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9601 ST REGIS TERR  
 City RICHMOND State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740554469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740574469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740594469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 152.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 123
	<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. CAMERON J J BRADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 529 N. MILWAUKEE AVE.  
UNIT 2N

City CHICAGO State IL Zip Code 60642

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, BUS INTEGRATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8740624469**

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8740654469**

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 2521 EAST 31ST STREET

City TULSA State OK Zip Code 74105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8740664469**

Amount of Each Receipt this Period  
38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 50 TIMBERKNOLL LOOP

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, ENTERPRISE INFR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8740674469**

Amount of Each Receipt this Period **76.00**

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

**B. CRAIG C BARANSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 MASSINA DR

City WHEELING State WV Zip Code 26003

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8740684469**

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 26061 TWIN POND RD

City LAKE BARRINGTON State IL Zip Code 60010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR8740694469**

Amount of Each Receipt this Period **76.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **190.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7483 BARDSTON DRIVE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, APP DESIGN & DE
------------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740704469**

Amount of Each Receipt this Period  

380.00
--------

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

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

Mailing Address 1605 BERLIN STATION RD

City DELAWARE	State OH	Zip Code 43015
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740714469**

Amount of Each Receipt this Period  

38.00
-------

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

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

Mailing Address 7802 SPENCER BROOK DR

City SUMMERFIELD	State NC	Zip Code 27358
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740724469**

Amount of Each Receipt this Period  

24.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 105 LEE SMITH LANE

City State Zip Code  
 KERNERSVILLE NC 27284

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OP EXCELLENCE D

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740744469**

Amount of Each Receipt this Period  
 380.00

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

Full Name (Last, First, Middle Initial)  
**B. JEFFREY W W HENDERSON**

Mailing Address 347 MORGAN LN

City State Zip Code  
 GAHANNA OH 43230

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC CHIEF FINANCIAL OFFI

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740754469**

Amount of Each Receipt this Period  
 40.00

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

Full Name (Last, First, Middle Initial)  
**C. JOHN J BYRNES**

Mailing Address 161 TUCKER DR

City State Zip Code  
 WORTHINGTON OH 43085

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740764469**

Amount of Each Receipt this Period  
 76.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 71 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 35941 DARCY STREET

City State Zip Code  
 MURRIETA CA 92562

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740774469**

Amount of Each Receipt this Period  
 380.00

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

Full Name (Last, First, Middle Initial)  
**B. KENNETH H H ROBINETTE**

Mailing Address 9409 AVE MORE CT.

City State Zip Code  
 DUBLIN OH 43017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740784469**

Amount of Each Receipt this Period  
 76.00

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

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740794469**

Amount of Each Receipt this Period  
 40.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CRAIG E DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15340 GINA LYNN COURT  
 City JACKSON State CA Zip Code 95642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740804469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. TIMOTHY W W BOWER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1561 LITTLE FALLS DR  
 City CENTERVILLE State OH Zip Code 45458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740814469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. DONALD S S LUCHINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 LAKESIDE DRIVE  
 City MCKEES ROCKS State PA Zip Code 15136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8740824469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 123
	<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. DENNIS W W BRAUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5667 MEDALLION DR WEST  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE MEDICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740834469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JEFFREY E E GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 CAMBRIDGE BLVD  
 City MARBLE CLIFF State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740864469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8740874469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BENNY SLEDGE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740894469</b>
Mailing Address 8016 W 138TH TERRACE		Amount of Each Receipt this Period 760.00
City OVERLAND PARK	State KS	Zip Code 66223
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JAMES W HILLMAN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740904469</b>
Mailing Address 141 WOODSTREAM DR		Amount of Each Receipt this Period 60.00
City GRAND ISLAND	State NY	Zip Code 14072
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. COLLEEN GREINER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740914469</b>
Mailing Address 619 GUIDE ROAD		Amount of Each Receipt this Period 38.00
City TABOR CITY	State NC	Zip Code 28463
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. GREGORY J J HALVACS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740944469</b>
Mailing Address 7402 OVERLAND TRAIL		Amount of Each Receipt this Period 380.00
City DELAWARE	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, CORPORATE SECUR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A A MONE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740954469</b>
Mailing Address 4909 SCENIC CREEK DR		Amount of Each Receipt this Period 76.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ASC GEN CSL, REG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MICHAEL A A DUFFY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8740964469</b>
Mailing Address 6825 MACNEIL DR		Amount of Each Receipt this Period 40.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP, GLOBAL MFG & SU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 123
	<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. STANLEY L L NAGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5771 OLDENBURGH WAY

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8740974469**

Amount of Each Receipt this Period  

380.00
--------

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

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

Mailing Address 490 E. SUNBURST LN

City TEMPE	State AZ	Zip Code 85284
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8741014469**

Amount of Each Receipt this Period  

100.00
--------

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

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

Mailing Address 9334 PRATOLINO VILLA DR.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8741024469**

Amount of Each Receipt this Period  

38.00
-------

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 123
	<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. DONALD C C GREENWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14402 MARINA SAN PABLO PLACE # 1002  
 City JACKSONVILLE State FL Zip Code 32224-0828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8741034469**  
 Amount of Each Receipt this Period 500.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. ANDREW T T ALDERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 LEICESTER PL.  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8741054469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. SHELLEY A A BIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7998 CARAWAY AVE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, PUBLIC AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8741064469**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 123
<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. ROBERT S S THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8338 AMBERLEIGH WAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OP EXCELLENCE DE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8741074469**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8741084469**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. RONALD BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 NEWALBANYLINKDR  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8741094469**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>126.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 123
<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. ISMAEL VILLARREAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7302 EMERALD GLEN DR  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8741104469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8741114469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. SCOTT CLAUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8413 LYLWOOD COURT  
 City CHESTERFIELD State VA Zip Code 23838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TRANSPORTATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8741124469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 152.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 384 COLORADO DRIVE

City CEDAR CREEK State TX Zip Code 78612

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741134469**

Amount of Each Receipt this Period  
 100.00

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

**B. MAUREEN GIRARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 N GARLAND

City CHICAGO State IL Zip Code 60602

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741144469**

Amount of Each Receipt this Period  
 38.00

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

**C. ELIZABETH M TH M KRENZER**  
Full Name (Last, First, Middle Initial)

Mailing Address 343 MILFORD DR

City DEERFIELD State IL Zip Code 60015

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, MANUFACTURING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741154469**

Amount of Each Receipt this Period  
 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 123
	<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. JESSICA L L MAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4852 CARRIGAN RIDGE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741174469**

Amount of Each Receipt this Period  
 600.00

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

**B. DENTON F F HEWITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1527 BERKSHIRE ROAD

City UPPER ARLINGTON State OH Zip Code 43221

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMPENSATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741184469**

Amount of Each Receipt this Period  
 38.00

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

**C. STUART G G LAWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5635 CYPRESS COURT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741204469**

Amount of Each Receipt this Period  
 38.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 136.00

**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 82 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. BONNY FOWLER**  
 Mailing Address 214 CHERRY STREET  
 City State Zip Code  
 GRANVILLE OH 43023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, COMMUNICATION M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741234469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ANNEMARIE IE 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 ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741244469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. CARL E HALL**  
 Mailing Address 626 W WRIGHTWOOD AVE #1E  
 City State Zip Code  
 CHICAGO IL 60614  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741254469**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 106.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN A A KIEWIET</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR8741274469</b>
Mailing Address 804 GLENCORSE DR		Amount of Each Receipt this Period 380.00
City SAINT PETERS	State MO	Zip Code 63304
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 ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. ALAN SMITH</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR8741284469</b>
Mailing Address 6612 N. CREEKWOOD DR		Amount of Each Receipt this Period 76.00
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CARDINAL HEALTH, INC DIR, QUALITY ASSURAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. RONALD T T FANNING</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR8741294469</b>
Mailing Address 433 WILSHIRE BLVD		Amount of Each Receipt this Period 38.00
City LIBERTY	State MO	Zip Code 64068
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 ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. EDEN C SULZER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8741314469</b>
Mailing Address 522 BANTRY ST		Amount of Each Receipt this Period 24.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, COMMUNICATION M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. SANJEETH H PAI</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8741354469</b>
Mailing Address 367 CEDAR TRACE		Amount of Each Receipt this Period 38.00
City XENIA	State OH	Zip Code 45385-9392
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM STRAT SOUR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. CHRISTINE L NE L BENTLEY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8741364469</b>
Mailing Address 12283 SOUTH PARKER STREET		Amount of Each Receipt this Period 38.00
City OLATHE	State KS	Zip Code 66061
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, EXEC CNSLT, SCI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KEVIN L MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 CATALINA COURT  
 City MACON State MO Zip Code 63552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741384469**  
 Amount of Each Receipt this Period  
**38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JOSEPH A A GOTTRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 874 AYLESBURY DRIVE  
 City GAHANNA State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PHARMACEUTICAL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741394469**  
 Amount of Each Receipt this Period  
**40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JEFFREY A A CRIST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14177 PERFECT RD.  
 City SUNBURY State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741424469**  
 Amount of Each Receipt this Period  
**38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>116.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. JOHN C RADEMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5006 ROSALIND LANE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, NUCLEAR &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741484469**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. SAMER ABDUL-SAMAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6271 BELVEDERE GREEN BLVD  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741504469**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. DIANNE RADIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 EASTCHESTER DR  
 City GAHANNA State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMMUNITY RELAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741514469**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	306.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SALLY CURLEY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8741524469</b>
Mailing Address 9035 ESIN COURT		Amount of Each Receipt this Period 150.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, INVESTOR RELATI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. GEORGE S S BARRETT</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8741534469</b>
Mailing Address 246 E. SYCAMORE ST.		Amount of Each Receipt this Period 384.60
City COLUMBUS	State OH	Zip Code 43206
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHAIRMAN/CEO, CARDIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MARK PILKINGTON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8741584469</b>
Mailing Address 4367 HICKORY ROCK DR		Amount of Each Receipt this Period 76.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGY MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 123
	<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. CRAIG MORFORD**  
Full Name (Last, First, Middle Initial)

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

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8741594469**

Amount of Each Receipt this Period  
384.60

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

**B. BRIAN E DILBONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 368 ROCKY SPRINGS  
City BLACKLICK State OH Zip Code 43004

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

Name of Employer Occupation  
CARDINAL HEALTH, INC DIR, APPDSGN/DEV SAP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8741604469**

Amount of Each Receipt this Period  
20.00

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

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

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

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8741634469**

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 454.60

**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 89 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MICHAEL J J MANGIONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10733 JONES ROAD  
 City CLARENCE State NY Zip Code 14031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741644469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ERIC J PERLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15426 COURT AMBER TL  
 City CYPRESS State TX Zip Code 77433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741654469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JOEL M BARCZAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 COUNTRY WALK DR  
 City FLEMING ISLAND State FL Zip Code 32003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741674469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 123
	<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. SEAN P WATERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2621 EAST ARABIAN DRIVE

City	State	Zip Code
GILBERT	AZ	85296

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8741714469**

Amount of Each Receipt this Period  

380.00
--------

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

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

Mailing Address 32 PALISADES PARKWAY

City	State	Zip Code
OAK RIDGE	TN	37830

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

Name of Employer	Occupation
CARDINAL HEALTH, INC	VP, SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8741724469**

Amount of Each Receipt this Period  

76.00
-------

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

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

Mailing Address 10744 CAMPDEN LAKES BLVD

City	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 ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR8741734469**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 123
	<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. LUKE C AUGUSTINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 10834 S 166TH ST

City OMAHA State NE Zip Code 68136

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8741744469**

Amount of Each Receipt this Period  
100.00

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

**B. KATHERINE A NE A BENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3410 NOBB HILL DR

City HUDSONVILLE State MI Zip Code 49426

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8741754469**

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 30 WILLOWBROOK RD

City WEST HARTFORD State CT Zip Code 06107-1638

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR8741764469**

Amount of Each Receipt this Period  
38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BENSON P P YANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 LAKESIDE DRIVE  
 City CORTE MADERA State CA Zip Code 94925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741774469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. CARROLL B B CALLICOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3139 SUMMERLIN DRIVE  
 City BELDEN State MS Zip Code 38826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, NUCLEAR PHARMAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741784469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JOSEPH E E LUKACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VILLAGE GROVE RD  
 City LITTLE ROCK State AR Zip Code 72211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741814469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 123
	<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. JACK L COFFEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 BAY SHORE DRIVE

City ROCKWOOD State TN Zip Code 37854

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741824469**

Amount of Each Receipt this Period  
 100.00

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

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

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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741834469**

Amount of Each Receipt this Period  
 38.00

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

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

Mailing Address 138 NEW CUT ROAD

City WINDER State GA Zip Code 30680

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, DIRECT SALES MG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8741844469**

Amount of Each Receipt this Period  
 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 123
	<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. MARC B MULLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1650 SHERBORNE LANE  
City State Zip Code  
POWELL OH 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CARDINAL HEALTH, INC VP, GM  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR8741854469**  
Amount of Each Receipt this Period  
100.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR8741864469**  
Amount of Each Receipt this Period  
38.00  
P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : PR8741884469**  
Amount of Each Receipt this Period  
38.00  
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 123
	<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. CRAIG ROTHMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 42 SEMINOLE WAY  
City SHORT HILLS State NJ Zip Code 07078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8741894469**  
Amount of Each Receipt this Period **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**B. THOMAS J J RAFFERTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 HERITAGE COURT  
City DELMONT State PA Zip Code 15626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC SOURCI  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8741904469**  
Amount of Each Receipt this Period **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**C. MICHAEL A A MARUSA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 ALPINE CIRCLE  
City SANDY HOOK State CT Zip Code 06482  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **418.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR8741914469**  
Amount of Each Receipt this Period **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 96 OF 123  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ANITA ANDERSON**

Mailing Address 27341 DAKOTA AVE.

City State Zip Code  
 ELKO MN 55020

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC EXEC, ACCOUNT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR8741944469**

Amount of Each Receipt this Period  
 38.00

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

Full Name (Last, First, Middle Initial)  
**B. CATHY CHENETSKI**

Mailing Address 5734 ENNISHANNON PLACE

City State Zip Code  
 DUBLIN OH 43016

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR8741964469**

Amount of Each Receipt this Period  
 38.00

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

Full Name (Last, First, Middle Initial)  
**C. AKEEM C IMANJONES**

Mailing Address 4955 FANCY-FREE LANE

City State Zip Code  
 COLUMBUS OH 43231

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : PR8741974469**

Amount of Each Receipt this Period  
 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ALFREDO S S RUSSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2490 ALUM CROSSING DRIVE  
 City State Zip Code  
 LEWIS CENTER OH 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, REGULATORY MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742014469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DAVID K KORENSTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3641 DAYSPRING DRIVE  
 City State Zip Code  
 HILLIARD OH 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC ASST GEN CSL, LITIGA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742024469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. RICHARD W W WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 991  
 City State Zip Code  
 SUMNER WA 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742034469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 123
	<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. ROGELIO A A ARMINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6213 BLUFF TRAIL LN  
 City EL PASO State TX Zip Code 79912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONAL EXC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR874204469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ELEANOR M M DAUFENBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2029 W. LANE AVENUE  
 City COLUMBUS State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS MG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR874205469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. PATRICIA A MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 EAST ERIE #3801  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR874206469**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 123
	<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. MARK BLAKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 129 NORWOOD AVE

City MONTCLAIR State NJ Zip Code 07043

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742094469**

Amount of Each Receipt this Period  
 384.60

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

**B. URSULA L L MCNEILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 376 ROBERTS RUN COVE

City SUWANEE State GA Zip Code 30024

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742104469**

Amount of Each Receipt this Period  
 38.00

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

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

Mailing Address 6650 BRODIE BLVD

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742124469**

Amount of Each Receipt this Period  
 76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 498.60

**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 100 OF 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. COLIN HATCH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8742154469</b>
Mailing Address 1351 NOE BIXBY ROAD		Amount of Each Receipt this Period 380.00
City COLUMBUS	State OH	Zip Code 43232
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TAX TECHNICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. LANE CHERAMIE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8742164469</b>
Mailing Address 152 WEST 117TH STREET		Amount of Each Receipt this Period 76.00
City CUT OFF	State LA	Zip Code 70345
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HEALTH SYSTEM P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS HELMREICH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR8742174469</b>
Mailing Address 6600 DEESIDE DR.		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MARKETING RESEA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 123
	<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. JEFFREY SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 W. SPRING STREET  
#1502

City COLUMBUS State OH Zip Code 43215

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2006.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8742194469**

Amount of Each Receipt this Period: 200.60

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

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

Mailing Address 301 BRIDLE PATH LANE

City ANNAPOLIS State MD Zip Code 21403

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8742204469**

Amount of Each Receipt this Period: 76.00

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

**C. MARK S JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR8742214469**

Amount of Each Receipt this Period: 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 314.60

**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 102 OF 123
	<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. ROBERT J J DOONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6119 PEPPERGRASS COURT  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742224469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JEFFREY P P LEDBETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6700 RIDPATH ROAD  
 City GROVE CITY State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742234469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MICHELLE M E M RETHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6417 BROMFIELD TRACE  
 City CENTREVILLE State VA Zip Code 20120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742244469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CATHERINE S NE S KENWORTHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5000 SLATE RUN WOODS COURT  
 City COLUMBUS State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8742254469**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. KAUSHIK GHOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7691 FINBARR COURT  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8742274469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MEGHAN FITZGERALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 MORGAN  
 City NORWALK State CT Zip Code 06851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, SPECIALTY SOLU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8742284469**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	338.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MARSHA L L ARAGON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29306 DAKOTA DR  
 City VALENCIA State CA Zip Code 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742294469**  
 Amount of Each Receipt this Period  
 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DANIEL MOVENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 987 RETREAT LANE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, PARMED PHARM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742314469**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. WILLIAM RENFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3328 E PINTAIL WAY  
 City ELK GROVE State CA Zip Code 95757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742324469**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 123
	<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. STEPHEN J J MEDVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 271 E WHITTIER ST.  
 City COLUMBUS State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SR RECRUITER - EXEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8742334469**  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MATTHEW G G BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13602 ASHLEY RUN  
 City HOUSTON State TX Zip Code 77077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8742354469**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. RICHARD MONTGOMERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2717 QUEEN ELAINE DRIVE  
 City LEWISVILLE State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TECHNICAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR8742374469**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 123  
(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. GAUTAM S S SHIRHATTIKAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5473A BRIARDALE LANE  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, STRATEGIC PLNG/E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742384469**  
 Amount of Each Receipt this Period  
 380.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. RAMON GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9003 MEDITERRA PLACE  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, CUSTOMER SERVIC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742394469**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. NICHOLAS S AUGUSTINOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2416 15TH STREET  
 City State Zip Code  
 SAN FRANCISCO CA 94114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, HEALTH INFO & S  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : PR8742414469**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 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 107 OF 123
<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. ROBERT A A HONNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7167 SPRINGVIEW LN  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, FIN PLNG & ANAL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR9340914469**  
Amount of Each Receipt this Period: **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**B. CATHY MOCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5440 YORK LANE NORTH  
City COLUMBUS State OH Zip Code 43232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, SUPPLIER DIVERS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **266.00**

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR9340924469**  
Amount of Each Receipt this Period: **38.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**C. SHAUN F YOUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8415 SUMMERHOUSE DR W  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, MKTG & PRODUCT M  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR9340944469**  
Amount of Each Receipt this Period: **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 123
<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. KELLY B WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4556 SATTERTON CIRCLE

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR9368924469**

Amount of Each Receipt this Period  
**76.00**

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

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

Mailing Address 1904 SPRINGCROFT DRIVE

City FRANKLIN State TN Zip Code 37067

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, CUST SVC TECHNI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR9368954469**

Amount of Each Receipt this Period  
**38.00**

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

**C. WILLIAM C C BODINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 BONWIT ROAD

City RYE BROOK State NY Zip Code 10573

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : PR9368964469**

Amount of Each Receipt this Period  
**100.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **214.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 123
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MICHELLE E GILE</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR9368974469</b>
Mailing Address 1 HANSON PLACE APT 12L		Amount of Each Receipt this Period 76.00
City BROOKLYN	State NY	Zip Code 11243
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) <b>B. JYOTHIRMAYI MAYI CHERRY</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR9393884469</b>
Mailing Address 5136 ABBOTSBURY COURT		Amount of Each Receipt this Period 38.00
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FIN PLNG & ANAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) <b>C. DEBBIE J J MITCHELL</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR9408994469</b>
Mailing Address 9 ALBAN MEWS		Amount of Each Receipt this Period 100.00
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, PUBLIC RELATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 123
<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. EUSEBIO ZAMORA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9450 TARTAN RIDGE BLVD  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, PHARMACY SUPPOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **209.00**

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR9409004469**  
Amount of Each Receipt this Period: 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. ROBERT KULIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6150 NORTH BAY RIDGE AVENUE  
City WHITEFISH BAY State WI Zip Code 53217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, GM PHARMACY SOL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR9409024469**  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C. DONALD M CASEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7708 TILLINGHAST DRIVE  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: CEO, MEDICAL SEGMENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1923.00**

Date of Receipt: 09 / 30 / 2012  
**Transaction ID : PR9413434469**  
Amount of Each Receipt this Period: 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>522.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>20615.06</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress, Inc.**

Mailing Address 4916 Thoroughbred Ln Ste 4916

City State Zip Code  
Brentwood TN 37027

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : 6681600**

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Klobuchar For Minnesota**

Mailing Address 302 Hart Senate Office Bldg

City State Zip Code  
Washington DC 20510

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Amy Klobuchar**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2012

**Transaction ID : 6692593**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Levin for Congress**

Mailing Address 209 Pennsylvania Ave SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Sander M. Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : 6696135**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hoyer's Majority Fund**

Mailing Address 499 S Capitol St. SW Ste 414

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Joint Fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 6696136**

Amount of Each Disbursement this Period

Joint Fundraiser

Full Name (Last, First, Middle Initial)

**B. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Katherine Castor**

Office Sought:  House  Senate  President  
State: FL District: 11

Disbursement For: 2012  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 6696139**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Jay Rockefeller**

Mailing Address 110-B E Broad St

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. John D. Rockefeller IV**

Office Sought:  House  Senate  President  
State: WV District:

Disbursement For: 2014  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 6696140**

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. The Hawkeye PAC**

Mailing Address PO Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**The Hawkeye PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720827**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Next Century Fund**

Mailing Address 116 S Royal St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720828**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Kenny Marchant For Congress**

Mailing Address 9901 E Valley Ranch Parkway Ste 30

City Irving State TX Zip Code 75063

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Kenny Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720829**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tim Ryan for Congress**

Mailing Address 337 Vienna Ave Ste 1

City Niles State OH Zip Code 44446

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Timothy J. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720830**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Kay Hagan for US Senate**

Mailing Address 426 C street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Kay R. Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720831**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Leahy For U.S. Senator Committee**

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Patrick Leahy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VT District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720832**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rob Portman for US Senate**

Mailing Address PO Box 39

City Terrace Park State OH Zip Code 45174

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720833**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Dold For Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Robert Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720834**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Diana DeGette for Congress Inc.**

Mailing Address PO box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Diana DeGette**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720835**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Menendez for Senate**

Mailing Address 120 Albany Street

City New Brunswick State NJ Zip Code 08901

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Sen. Robert Menendez**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720836**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Committee To Elect Gary L. Ackerman, Inc.**

Mailing Address PO Box 95

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Gary Ackerman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720837**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Brian Bilbray for Congress**

Mailing Address PO Box 455

City Rancho Santa Fe State CA Zip Code 92067

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Brian P. Bilbray**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 50

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720838**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John D. Dingell for Congress**

Mailing Address 2328 Rayburn HOB

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. John D. Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720839**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Committee**

Mailing Address 256 N Sam Houston Pkwy E Ste 29

City Houston State TX Zip Code 77060

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Gene Green**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720840**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Griffin For Congress Committee**

Mailing Address 1501 N university Ste 150

City Little Rock State AR Zip Code 72207

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Tim Griffin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720841**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stephen F. Lynch For Congress Committee**

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Stephen Lynch**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720842**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Doris Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Doris Matsui**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720843**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Olson For Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Pete Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 22

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720844**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paulsen for Congress Committee**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Erik P. Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720845**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. David E. Price**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720848**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Keep Nick Rahall in Congress Cmte**

Mailing Address P O Box 64

City Beckley State WV Zip Code 25801

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Nick Rahall II**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720849**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppensberger For Congress Committee**

Mailing Address 22 W. Padonia Road  
Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. C.A. Ruppensberger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720850**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720851**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave Bldg 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Louise Slaughter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720852**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

4000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Adam Smith For Congress Committee**

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Adam Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 6720853**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Direct Contribution

Full Name (Last, First, Middle Initial)

**B. John Tierney For Congress**

Mailing Address PO Box 8013

City Salem State MA Zip Code 01970

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. John Tierney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 6720854**

Amount of Each Disbursement this Period

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

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Debbie Wasserman-Schultz For Congress**

Mailing Address 15829 Pines Blvd

City Pembroke Pines State FL Zip Code 33027

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Debbie Wasserman-Schultz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 20

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 6720855**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Direct Contribution

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

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

5	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mel Watt For Congress Committee**

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Melvin Watt**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720856**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Henry A. Waxman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 30

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 6720857**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Lone Star Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 6746119**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

12000.00

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

82000.00