



**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.....	217293.89	
(c) Total Receipts (from Line 19) .....	22982.17	22982.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	240276.06	240276.06
7. Total Disbursements (from Line 31).....	5000.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	235276.06	235276.06
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:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3564.00	3564.00
(ii) Unitemized .....	19372.53	19372.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22936.53	22936.53
(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) .....	22936.53	22936.53
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.).....	45.64	45.64
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))..... ▶	22982.17	22982.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22982.17	22982.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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	0.00
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)) ..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	5000.00

**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) .....	22936.53	22936.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22936.53	22936.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<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. 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 ▼ 200.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7797182932**  
Amount of Each Receipt this Period 200.60  
P/R Deduction (\$100.30 Bi-Weekly)

**B. MICHAEL C KAUFMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7160 TEMPERANCE POINT ST  
City WESTERVILLE State OH Zip Code 43082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7797212932**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**C. MICHAEL 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 CEO, MEDICAL SEGMENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7797272932**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 969.80  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MICHAEL P KENNEDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4783 VISTA RIDGE DR  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7797302932**  
Amount of Each Receipt this Period 200.60  
P/R Deduction (\$100.30 Bi-Weekly)

**B. CAROLE S WATKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1967 WOODLANDS PLACE  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation CHIEF HUMAN RESOURCE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7797462932**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 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 ▼ 270.00

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7798472932**  
Amount of Each Receipt this Period 270.00  
P/R Deduction (\$135.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 855.20  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
	<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 E ROSENBAUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 632 CHEOWA CIRCLE

City KNOXVILLE State TN Zip Code 37919

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

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF CUSTOMER OFFIC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : PR7799702932**

Amount of Each Receipt this Period  
384.60

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

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

Mailing Address 1038 MILL RD CIRCLE

City RYDAL State PA Zip Code 19046

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

Name of Employer CARDINAL HEALTH, INC Occupation CHAIRMAN/CEO, CARDIN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : PR7800482932**

Amount of Each Receipt this Period  
384.60

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

**C. 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 CARDINAL HEALTH, INC Occupation CHIEF COMPLIANCE/LEG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : PR7800492932**

Amount of Each Receipt this Period  
384.60

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1153.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2226 BRYDEN ROAD

City COLUMBUS State OH Zip Code 43209

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR7800522932**

Amount of Each Receipt this Period 384.60

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

**B. 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 ▼ 200.60

Date of Receipt 01 / 31 / 2012  
**Transaction ID : PR8131762932**

Amount of Each Receipt this Period 200.60

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.20
<b>TOTAL</b> This Period (last page this line number only).....▶	3564.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Wyden for Oregon**

Mailing Address 122 C Street NW Ste 505

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Void - Wyden for Oregon

011

Category/  
Type

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

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

**Transaction ID : 6006444**

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
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Void - Wyden for Oregon

Full Name (Last, First, Middle Initial)

**B. AdvaMed PAC**

Mailing Address 701 Pennsylvania Ave NW Ste 800

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**AdvaMed PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	2

**Transaction ID : 6014797**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Joyce Beatty For Congress**

Mailing Address 233 South High St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Ms. Joyce Beatty**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	2

**Transaction ID : 6034417**

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
---	---	---	---	---	---	---	---	---	---