

**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="2013"/>	<input type="text" value="191856.82"/>	<input type="text" value="191856.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="212683.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35005.95"/>	<input type="text" value="78832.86"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="247689.68"/>	<input type="text" value="270689.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30500.00"/>	<input type="text" value="53500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="217189.68"/>	<input type="text" value="217189.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cardinal Health Inc. PAC 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).....	18014.24	27234.78
(ii) Unitemized	14454.30	49000.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32468.54	76235.64
(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)	32468.54	76235.64
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.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.41	97.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35005.95	78832.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35005.95	78832.86

DETAILED SUMMARY PAGE

of Disbursements

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.....	26000.00	49000.00
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	4500.00	4500.00
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)) ..	30500.00	53500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30500.00	53500.00

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)	32468.54	76235.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32468.54	76235.64
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 45
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. OLA M SNOW		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR10055345708
Mailing Address 267 DONERAIL AVE		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, HR BUS PARTNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. LINDA S LOCKYER		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8737785708
Mailing Address 1133 NOE STREET		Amount of Each Receipt this Period 114.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RONALD A A DEDELS		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8737805708
Mailing Address 1080 BIG WATER POINT		Amount of Each Receipt this Period 90.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	354.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
<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. 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 ▼ 228.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8737815708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 700.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8737935708
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 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 ▼ 289.94

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8737965708
 Amount of Each Receipt this Period 124.26
 P/R Deduction (\$41.42 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	538.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LISA A ASHBY		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8738005708
Mailing Address 7200 CARDINAL PLACE WEST ATTN: LISA ASHBY		Amount of Each Receipt this Period 150.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation PRESIDENT, CATEGORY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. BENJAMIN T N T THOMPSON		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8738145708
Mailing Address 2029 LEWIS CROSSING COURT		Amount of Each Receipt this Period 114.00
City KELLER	State TX	Zip Code 76248
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation NVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID A GOLDSBERRY		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8738215708
Mailing Address 321 ST ANDREWS LN		Amount of Each Receipt this Period 114.00
City GURNEE	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	378.00
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 9 OF 45
(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 L L GROESBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 33916 N SUMMERFIELDS DR
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, QRA MEDICAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8738235708
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DEBRA L SCHOTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 THORNWOOD AVENUE
 City State Zip Code
 WILMETTE IL 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, GM PATIENT CARE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8738275708
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. CINDY ROSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5090 PK BROOKE WKWY
 City State Zip Code
 ALPHARETTA GA 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP/GM, SOUTHEAST RE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8738335708
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 45
(check only one)

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

A. 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 ▼ 265.16

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8738355708
Amount of Each Receipt this Period 113.64
P/R Deduction (\$37.88 Bi-Weekly)

B. SUSAN J JACOBSON
Full Name (Last, First, Middle Initial)
Mailing Address 550 WEST FULTON STREET #502
City CHICAGO State IL Zip Code 60661
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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8738455708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

C. KATE C SPIRKO
Full Name (Last, First, Middle Initial)
Mailing Address 6812 SPRUCE PINE DR
City COLUMBUS State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8738515708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 341.64
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 11 OF 45
(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. CHARLES L L COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4038 E. RED OAK LN.
 City State Zip Code
 GILBERT AZ 85297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8738545708
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RENE BLOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 SPRING DRIVE
 City State Zip Code
 YORKTOWN HEIGHTS NY 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC TERRITORY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8738845708
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. ANNLEA C C RUMFOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8314 DAVINGTON DR
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SOFTWARE ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8738855708
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 342.00
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 45
<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 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8738865708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

B. TED L DIBIASE
Full Name (Last, First, Middle Initial)
Mailing Address 4954 ROSEGATE COURT
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ORG HEALTH & LAB
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 428.40

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8738945708
Amount of Each Receipt this Period 183.60
P/R Deduction (\$61.20 Bi-Weekly)

C. JOSHUA T T GAINES
Full Name (Last, First, Middle Initial)
Mailing Address 5721 CLOVER LANE
City WESTERVILLE State OH Zip Code 43081
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & CORP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 203.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8738965708
Amount of Each Receipt this Period 87.00
P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 384.60
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 13 OF 45
<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. GEORGE J J PLAVA
Full Name (Last, First, Middle Initial)

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77406

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 484.61

Date of Receipt: 03 / 31 / 2013
Transaction ID : PR8739035708

Amount of Each Receipt this Period: 207.69

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

B. ROBERT S S SUMMERS
Full Name (Last, First, Middle Initial)

Mailing Address 146 CHASELY CIRCLE

City POWELL State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.45

Date of Receipt: 03 / 31 / 2013
Transaction ID : PR8739055708

Amount of Each Receipt this Period: 91.05

P/R Deduction (\$30.35 Bi-Weekly)

C. SEAN M MCCAFFREY
Full Name (Last, First, Middle Initial)

Mailing Address 1020 BUCK RUN RD

City SOUTHPOINTE State PA Zip Code 15317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 03 / 31 / 2013
Transaction ID : PR8739075708

Amount of Each Receipt this Period: 114.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 412.74

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 45
	<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. GARY G CACCIATORE
Full Name (Last, First, Middle Initial)

Mailing Address 3810 LOCH GLEN CT

City HOUSTON State TX Zip Code 77059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8739195708

Amount of Each Receipt this Period
 111.75

P/R Deduction (\$37.25 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8739225708

Amount of Each Receipt this Period
 150.00

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 ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8739245708

Amount of Each Receipt this Period
 114.00

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

SUBTOTAL of Receipts This Page (optional).....▶	375.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
<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. 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 **702.10**

Date of Receipt: 03 / 31 / 2013
Transaction ID : PR8739255708
Amount of Each Receipt this Period: 300.90
P/R Deduction (\$100.30 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 **350.00**

Date of Receipt: 03 / 31 / 2013
Transaction ID : PR8739315708
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$50.00 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 **350.00**

Date of Receipt: 03 / 31 / 2013
Transaction ID : PR8739355708
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **600.90**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
<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 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739385708
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. PETER A STOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1955 ENCLAVE DRIVE
 City MT PLEASANT State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739425708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. KEVIN M KANNALLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14529 ROBINSON RD
 City PLAIN CITY State OH Zip Code 43064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739475708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	804.90
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 45
	<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 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 ▼ 601.80

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739505708
 Amount of Each Receipt this Period 200.60
 P/R Deduction (\$100.30 Bi-Weekly)

B. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739535708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739545708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	428.60
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 18 OF 45
<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. 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, SALES & MARKETI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739575708
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

B. TROY L HANSON
Full Name (Last, First, Middle Initial)
Mailing Address 5622 DORSEY DRIVE
City COLUMBUS State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 319.76

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739585708
Amount of Each Receipt this Period 137.04
P/R Deduction (\$45.68 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, GOVT RELATIONS M
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.88

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739645708
Amount of Each Receipt this Period 197.52
P/R Deduction (\$65.84 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	484.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<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 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 ▼ 240.31

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8739665708

Amount of Each Receipt this Period
102.99

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

B. 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 COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8739685708

Amount of Each Receipt this Period
300.00

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

C. CAROLE S 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 ▼ 1346.10

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8739725708

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 979.89

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JON GIACOMIN		Date of Receipt
Mailing Address 6792 INGALLS CT		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
GALENA	OH	43021
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR8739745708
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	EVP, OPERATIONS	<input type="text" value="225.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$75.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	

Full Name (Last, First, Middle Initial) B. ROBERT GIACALONE		Date of Receipt
Mailing Address 7471 BALFOURE CIRCLE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
DUBLIN	OH	43017
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR8739785708
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	SVP, REG AFFAIRS/CHF	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. MICHAEL D D BROWN		Date of Receipt
Mailing Address 3103 SADDLE RIDGE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
RICHMOND	TX	77406
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR8739825708
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	VP, PHARM OPS & ACCO	<input type="text" value="114.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="266.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="489.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<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. 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 ▼ 266.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8739905708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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, PHARM OPS & ACCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8739915708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. 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 ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8739925708
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	528.00
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 22 OF 45
(check only one)

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

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

A. DAVID LAWRENCE
Full Name (Last, First, Middle Initial)
Mailing Address 326 VINWOOD LANE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739945708
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

B. MARK E ROSENBAUM
Full Name (Last, First, Middle Initial)
Mailing Address 815 HAMMOCK LANE
City KNOXVILLE State TN Zip Code 37934
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation CHIEF CUSTOMER OFFIC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8739955708
Amount of Each Receipt this Period 576.90
P/R Deduction (\$192.30 Bi-Weekly)

C. DAVID E GAJESKI
Full Name (Last, First, Middle Initial)
Mailing Address 21406 SAUNTON DR
City KATY State TX Zip Code 77450
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8740035708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 840.90
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
	<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. 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 ▼ 945.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8740155708
 Amount of Each Receipt this Period
 405.00
 P/R Deduction (\$135.00 Bi-Weekly)

B. 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 CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8740165708
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. BLAIR R WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 663 LYNNFIELD DR
 City WESTERVILLE State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8740315708
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	633.00
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 24 OF 45
(check only one)

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

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. 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 ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : PR8740335708

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 8078 TRAIL LAKE DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : PR8740405708

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 231 TILLER DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : PR8740495708

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional).....▶	342.00
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 25 OF 45
(check only one)

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

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

A. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8740535708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8740555708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

C. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8740675708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 342.00
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 26 OF 45
(check only one)

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

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

A. 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 ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR8740695708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

B. JOHN J BYRNES
Full Name (Last, First, Middle Initial)
Mailing Address 161 TUCKER DR
City WORTHINGTON State OH Zip Code 43085
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX TECHNICAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR8740765708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

C. KENNETH H H ROBINETTE
Full Name (Last, First, Middle Initial)
Mailing Address 9409 AVEMORE CT.
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONAL EXCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR8740785708
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 342.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45
	<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. BENNY SLEDGE
Full Name (Last, First, Middle Initial)

Mailing Address 8016 W 138TH TERRACE

City OVERLAND PARK State KS Zip Code 66223

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8740895708

Amount of Each Receipt this Period
 114.00

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

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

Mailing Address 141 WOODSTREAM DR

City GRAND ISLAND State NY Zip Code 14072

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8740905708

Amount of Each Receipt this Period
 90.00

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

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

Mailing Address 4909 SCENIC CREEK DR

City POWELL State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8740955708

Amount of Each Receipt this Period
 114.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 318.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARTHA HUSTON		Date of Receipt 03 / 31 / 2013 Transaction ID : PR8741015708
Mailing Address 490 E. SUNBURST LN		Amount of Each Receipt this Period 150.00
City TEMPE	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, WEST REGION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. ANDREW T T ALDERMAN		Date of Receipt 03 / 31 / 2013 Transaction ID : PR8741055708
Mailing Address 1225 LEICESTER PL.		Amount of Each Receipt this Period 114.00
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, STRATEGY & BUS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) C. SHELLEY A A BIRD		Date of Receipt 03 / 31 / 2013 Transaction ID : PR8741065708
Mailing Address 7998 CARAWAY AVE		Amount of Each Receipt this Period 300.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EVP, PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	564.00
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 29 OF 45
	<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. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8741105708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 210.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8741175708
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. JOHN C RADEMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5006 ROSALIND LANE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, AMBULATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8741485708
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
	<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. DIANNE RADIGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 EASTCHESTER DR
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, COMMUNITY RELATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8741515708
 Amount of Each Receipt this Period
 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SALLY CURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9035 ESIN COURT
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, INVESTOR RELATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8741525708
 Amount of Each Receipt this Period
 225.00
 P/R Deduction (\$75.00 Bi-Weekly)

C. GEORGE S S BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 246 E. SYCAMORE ST.
 City State Zip Code
 COLUMBUS OH 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC CHAIRMAN/CEO, CARDIN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8741535708
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	915.90
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 45
	<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 PILKINGTON
Full Name (Last, First, Middle Initial)

Mailing Address 4367 HICKORY ROCK DR

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8741585708

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code
WESTERVILLE OH 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8741595708

Amount of Each Receipt this Period
576.90

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

C. JOEL M BARCZAK
Full Name (Last, First, Middle Initial)

Mailing Address 1570 COUNTRY WALK DR

City State Zip Code
FLEMING ISLAND FL 32003

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8741675708

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 804.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 45
<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. HENRY M CHILTON
Full Name (Last, First, Middle Initial)

Mailing Address 32 PALISADES PARKWAY

City OAK RIDGE	State TN	Zip Code 37830
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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 ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : PR8741725708

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 10744 CAMPDEN LAKES BLVD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : PR8741735708

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 10834 S 166TH ST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : PR8741745708

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional).....▶	378.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 45
<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. 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 ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8741775708

Amount of Each Receipt this Period
 114.00

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

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

Mailing Address 1650 SHERBORNE LANE

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8741855708

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$50.00 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8742065708

Amount of Each Receipt this Period
 150.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 414.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 45
	<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 ▼ 1346.10

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8742095708

Amount of Each Receipt this Period
576.90

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

B. 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 ▼ 266.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8742125708

Amount of Each Receipt this Period
114.00

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

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

Mailing Address 152 WEST 117TH STREET

City CUT OFF State LA Zip Code 70345

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR8742165708

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional).....▶	804.90
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 45
<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 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 ▼ **702.10**

Date of Receipt: **03 / 31 / 2013**

Transaction ID : PR8742195708

Amount of Each Receipt this Period: **300.90**

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 ▼ **266.00**

Date of Receipt: **03 / 31 / 2013**

Transaction ID : PR8742205708

Amount of Each Receipt this Period: **114.00**

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

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

Mailing Address 5000 SLATE RUN WOODS COURT

City COLUMBUS State OH Zip Code 43220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **03 / 31 / 2013**

Transaction ID : PR8742255708

Amount of Each Receipt this Period: **300.00**

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

SUBTOTAL of Receipts This Page (optional).....	714.90
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 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8742285708
Mailing Address 6 MORGAN		Amount of Each Receipt this Period 150.00
City NORWALK State CT Zip Code 06851	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation PRES, SPECIALTY SOLU	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Full Name (Last, First, Middle Initial) B. DANIEL MOVENS		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8742315708
Mailing Address 987 RETREAT LANE		Amount of Each Receipt this Period 150.00
City POWELL State OH Zip Code 43065	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, PARMED PHARM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Full Name (Last, First, Middle Initial) C. MATTHEW G G BAKER		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR8742355708
Mailing Address 13602 ASHLEY RUN		Amount of Each Receipt this Period 114.00
City HOUSTON State TX Zip Code 77077	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00

SUBTOTAL of Receipts This Page (optional).....▶	414.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 45
(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. NICHOLAS S AUGUSTINOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 15TH STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HEALTH INFO & S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR8742415708
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. SHAUN F YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 8145 SUMMERHOUSE DRIVE WEST
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR9340945708
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 266.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR9368925708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 564.00
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 45
<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. 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 ▼ 350.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9368965708
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. MICHELLE E GILE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 HANSON PLACE APT 12L
 City BROOKLYN State NY Zip Code 11243
 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 ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9368975708
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. DEBBIE J J MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 ALBAN MEWS
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PUBLIC RELATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9408995708
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 414.00
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 39 OF 45
<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 KULIS
Full Name (Last, First, Middle Initial)

Mailing Address 14 ROSY FINCH PLACE

City THE WOODLANDS State TX Zip Code 77389

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 ▼ 350.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9409025708

Amount of Each Receipt this Period 150.00

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

B. 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9413435708

Amount of Each Receipt this Period 576.90

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

C. SHAUNA M LATSHAW
Full Name (Last, First, Middle Initial)

Mailing Address 6069 TOURNAMENT DRIVE

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9950515708

Amount of Each Receipt this Period 114.00

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

SUBTOTAL of Receipts This Page (optional).....	840.90
TOTAL This Period (last page this line number only).....	18014.24

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

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

FOR LINE NUMBER: PAGE 40 OF 45
(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. Friends of Jay Rockefeller
 Mailing Address 110-B E Broad St
 City Falls Church State VA Zip Code 22046
 FEC ID number of contributing federal political committee. **C** C00416826
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : 7262422
 Amount of Each Receipt this Period
 2500.00
 Refund of PAC Contribution

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Johnson For Congress

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mr. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 7245765

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress

Mailing Address 20 F Street N Ste 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 7245767

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address PO Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 7245768

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

5500.00

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. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mr. David McKinley

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 7248722

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : 7267904

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2013

Transaction ID : 7271832

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

9500.00

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. Tiberi for Congress

Mailing Address 217 3rd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Transaction ID : 7306895

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Truth Accountability and Courage PAC (TACPAC)

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Truth Accountability and Courage PAC (TACPAC)

Category/
Type

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	3		2	7		2	0	1	3

Transaction ID : 7306896

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address 413 Dirksen Senate Office Building

City Washington State DC Zip Code 20510

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Susan Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Transaction ID : 7306897

Amount of Each Disbursement this Period

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

Direct Contribution

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

1	1	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	6	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256-9069

Purpose of Disbursement
William Batchelder, STATE HOUSE 69th OH

Candidate Name
William Batchelder

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 69

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 07 / 2013

Transaction ID : 7255639

Amount of Each Disbursement this Period
1000.00

William Batchelder, STATE HOUSE 69th OH

Full Name (Last, First, Middle Initial)

B. The Committee for Jim Hughes

Mailing Address 211 S 5th St

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement
Jim Hughes, STATE SENATE 16th OH

Candidate Name
Jim Hughes

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 07 / 2013

Transaction ID : 7255640

Amount of Each Disbursement this Period
1000.00

Jim Hughes, STATE SENATE 16th OH

Full Name (Last, First, Middle Initial)

C. BeauPAC

Mailing Address 426 C Street NW

City Washington State DC Zip Code 20002

Purpose of Disbursement
Direct Contribution

Candidate Name

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

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2013

Transaction ID : 7277960

Amount of Each Disbursement this Period
1000.00

Direct Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Van Hollen for Attorney General

Mailing Address 106 E Doty St Ste 300

City Madison State WI Zip Code 53703

Purpose of Disbursement
J.B. Van Hollen, ATTORNEY GENERAL WI

Candidate Name

Attny Gen. J.B. Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2013

Transaction ID : 7277961

Amount of Each Disbursement this Period

500.00

J.B. Van Hollen, ATTORNEY GENERAL WI

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. Citizens to Elect John Patrick Carney

Mailing Address 357 E Torrence Rd

City Columbus State OH Zip Code 43214-3837

Purpose of Disbursement
John Carney, STATE HOUSE 22nd OH

Candidate Name

John Carney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2013

Transaction ID : 7278151

Amount of Each Disbursement this Period

1000.00

John Carney, STATE HOUSE 22nd OH

011
Category/ Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1500.00

4500.00
