

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

ADDRESS (number and street) 7000 Cardinal Place  
Check if different than previously reported. (ACC) Dublin OH 43017

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00332833 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 08 / 2016 in the State of DC  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Baker, Cassi, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Baker, Cassi, , , [Electronically Filed] Date 10 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Cardinal Health Inc. PAC AKA 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="2016"/>	<input type="text" value="240043.49"/>	<input type="text" value="240043.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="133143.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18220.65"/>	<input type="text" value="374309.28"/>
(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="151363.77"/>	<input type="text" value="614352.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="472989.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="141363.77"/>	<input type="text" value="141363.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**Cardinal Health Inc. PAC AKA 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).....	14926.12	215703.43
(ii) Unitemized .....	3294.53	158500.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18220.65	374204.10
(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) .....	18220.65	374204.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	105.18
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)).....▶	18220.65	374309.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18220.65	374309.28

**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	39.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	39.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	364500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1000.00	108450.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	10000.00	472989.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	472989.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18220.65	374204.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18220.65	374204.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	39.00
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	39.00

**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 176
<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 AKA Cardinal Health Companies PAC**

**A. Eden, Kristina L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10886 State Route 287  
 City Zanesfield State OH Zip Code 43360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Asst, Administration  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR10055325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Snow, Ola M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 267 Donerail Ave  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR100553425636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Pitts, Rosemary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8673 Finlarig Dr.  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Plng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR118725325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Clerico, Ronald J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 485 Trillium Drive  
 City Galloway State OH Zip Code 43119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR118725425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Hamlin, Mary L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Ashley Ct  
 City Washington State MO Zip Code 63090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR120659525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Ballay, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7531 Bardston Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Comm Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR120659625636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 58.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Putnam, William C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7812 W. 147th Terrace  
 City Overland Park State KS Zip Code 66223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CARDINAL HEALTH, INC VP GM, Regulatory Sciences  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR120659925636**  
 Amount of Each Receipt this Period  
 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. NEGRON SEGARRA, FRANCISCO J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 CARR 834 APTDO 4050  
 City GUAYNABO State PR Zip Code 00971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CARDINAL HEALTH, INC VP, OPERATIONS MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR120660025636**  
 Amount of Each Receipt this Period  
 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Roepken, Lori J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 Wheeler Dr  
 City Mansfield State TX Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CARDINAL HEALTH, INC Mgr, Inventory Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR120669725636**  
 Amount of Each Receipt this Period  
 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Grossi, Therese, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17211 Willow Rdge CT  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Enterprise Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR120669825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. House, Timothy W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5920 Gainey Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Account Mg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR120669925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Olson, Tiffany P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15402 Hidden Oaks Lane  
 City Carmel State IN Zip Code 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) President, Nuclear Pharmacy Serv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR120670125636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Gurushankar, Guru, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6188 Memorial Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR120701225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Thevenot, Reginald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Dustin Court  
 City Mansfield State MA Zip Code 02048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR122694725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Fullenkamp, Richard G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8975 Portofino Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Rgltry Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR122694825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Sevin, Dennis W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1342 White Oak Ct.  
 City North Huntingdon State PA Zip Code 15642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Eniv H&S  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR122779725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Norris, Stephen S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 King Ct  
 City Bullard State TX Zip Code 75757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Manufacturing Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR122779925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Prescod, Garvin P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Braebank Ln  
 City Bryn Mawr State PA Zip Code 19010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Eniv H&S  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR122787625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Ferrang, Jennifer R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Cardinal Health  
 100 Raritan Center Parkway  
 City Lebanon State NJ Zip Code 08833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR122787725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Wagner, Scott J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7504 Breezy Lake Lane  
 City Flowery Branch State GA Zip Code 30542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Transprtation  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR124937425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Easterling, Jeffrey J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 965 Wessington Manor Lane  
 City Fort Mill State SC Zip Code 29715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales (Enterprise Contractin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR124937525636**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 106.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Neese, Theron B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4855 Spring Park Cir  
 City Suwanne State GA Zip Code 30024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Acct Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124937625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Gates, Michael A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 Brionne Court  
 City Waxhaw State NC Zip Code 28173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124937825636**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. Cox, Ryan K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 639 NW Fremont St  
 City Camas State WA Zip Code 98607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales (Lab)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124937925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Mason, Stephen M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6544 Brodie Blvd  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Pres, Cardinal Health at Home  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Wagner, Robert D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8844 Tartan Fields Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Src Natl Brands  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Hula-Mills, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8581 The Island  
 City Memphis State TN Zip Code 38125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales (Enterprise Contractin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Garcia, Luis E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5263 SW 152 Avenue  
 City Miramar State FL Zip Code 33027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Nuclear Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Stelter, Daniel C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 N GARLAND CT APT 4902  
 City Chicago State IL Zip Code 60602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Intell Prprty (Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Grunwald, Stefan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9982 Allen Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Strategic Src Natl Brands  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938725636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 91.00  
**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 16 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Taylor, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1835 Glenn Avenue  
 City Upper Arlington State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Friedauer, Max J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1554 Heatherwae Loop  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strtegic Pricing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124938925636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Zimpfer, David T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6916 Corazon Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Info Services & Analytics  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124939025636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Schultz, Ronald A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 East Cork Street  
 City Kalamazoo State MI Zip Code 49001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Quality Assurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124939125636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Godat, Helene U, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 Harvard Ave  
 City Highland Park State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124939325636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Davidson, Cynthia M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1350 N. Western Ave #103  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales Operations Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124983725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 113.00  
**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 18 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Sanford, Steven B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 CR 3131  
 City Jacksonville State TX Zip Code 75766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Manufacturing\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124983825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Butterfield, Stacy A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5151 Woodbridge Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124984225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Kilgour, John W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 764  
 43 Fellows Rd.  
 City Ipswich State MA Zip Code 01938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sis Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124984425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Stormer, Benjamin E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 498 Greenglade Avenue  
 City Worthington State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Technical Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124984525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Mitchell, Mark S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76 Tranquil Trail  
 City Dunlap State TN Zip Code 37327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124984625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Stentz, Teresa A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2249 Sheringham Road  
 City Upper Arlington State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Invntry Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124984925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**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 20 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Adkins, Cynthia L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8508 Westover Drive  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strategic Plng/Execut  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124985125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Stutz, Brent E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8176 Crossgate Court N  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Commercial Technologies  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124985225636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Barnett, James E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7657 Kestrel Way W  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Asc Gen Cnsl, Corp/Secur  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124985325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 107.00  
**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 21 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bennett, Jeffrey R, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 2266 Dauer Court			<b>Transaction ID : PR124985425636</b>
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) SVP, Genrl Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lewis, Aaron R, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 175 Coachman Dr			<b>Transaction ID : PR124985625636</b>
City Plain City	State OH	Zip Code 43064	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Compliance Bus Partner	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Conway, Michele L, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 4902 Longbenton Way			<b>Transaction ID : PR124985825636</b>
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Mgr, Fin_Plng_&_Analysis	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Adams, John M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Beecham Ct.  
 City Columbus State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124985925636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Rozich, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9926 MacDonald Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, HR Services  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124986025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Revish, Stephanie R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 Hickory Rock Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Plannng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124986125636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 108.00  
**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 23 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Jenny, Frederick P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5013 straits link  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124986325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Hoef, Peter M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 Cardinal Place  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Proj Mgr, Bus Integration  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124986425636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Myers, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8410 Russett Ct  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Labor/Employ\_(Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124986525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 101.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Pelizza, Thomas M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Sassinoro Drive  
 City Putnam Valley State NY Zip Code 10579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124987225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Lindroth, Christopher G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Prescott Dr  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM Edgepark  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124987525636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Gehrt, Kevin E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7439 Merion Ct  
 City Solon State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP,HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124988025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Hinkle, Andrew L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 Simon Rd  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Operations, CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124988125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Gotti, Paul R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9960 Concord Rd  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Nuclear Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124988425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Lehmann, Eileen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8585 Pennington Ct  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Internal Communications  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124989025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Delfaus Rosario, Maribel L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 Wayne Brown Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124989225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Hellmann, Rebecca A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1717 Doone Rd  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124989825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Lovesy, Jeffrey W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6510 North 14th Place  
 City Phoenix State AZ Zip Code 85014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Dir Sales Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124989925636**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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 176
	<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 AKA Cardinal Health Companies PAC**

**A. Cohen, Steven H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Surrey Lane  
 City Weston State FL Zip Code 33331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, SIs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR124990125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Colatruglio, Marino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Clark Shaw Rd  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Facilities & RE Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR125269325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Elliott, Vernon E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 414 Mill Wood Blvd.  
 City Marysville State OH Zip Code 43040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, IT Client Sys Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR125269725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.00  
**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 176
<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 AKA Cardinal Health Companies PAC**

**A. Filas, Melanie C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 Riverwood Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Compensation.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR125270025636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Kirkland, Richard D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 571 Birch Street  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, D&I  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR125270225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Daniels, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3832 Dennis Rd  
 City New Holland State OH Zip Code 43145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Ethics & Compliance Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR129786825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Harper, Kristin R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5732 Rocky Shore Drive  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR129786925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Briggs, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6280 Ox Ridge Trail  
 City Highland Heights State OH Zip Code 44143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM Category Mgmt CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR129787025636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Lazzaro, Rosario J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 South Street  
 City Cresskill State NJ Zip Code 07626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Pharmacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130084625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Gomez, Jorge M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8028 Holyrood Court  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Finance.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130358225636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Sullivan, John P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7101 Robertson Court  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strtegy Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130358325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Phillips, Eli G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2975 Rockford Drive  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, QRA Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130358425636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	64.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Reeves, Kathryn G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3933 Farber Court  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Enterprise Marketing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130720025636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Jarrett, Phyllis J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Cape Cod  
 City Irvine State CA Zip Code 92620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130810925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Nelson, Maryann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1236 Timber Trace Drive  
 City Wesley Chapel State FL Zip Code 33543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Regulatory\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Contardo, Mark A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Forest Lane  
 City Hopkinton State MA Zip Code 01748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Phillips, Monica W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10115 48th Ave  
 City Pleasant Prairie State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Davis, Angela D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1043 Stardrift Ave  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account(DMG)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Testa, David J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1107 Lytton Ln  
 City Matthews State NC Zip Code 28104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811525636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Sawicki, Cliff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6152 Acacia Dr  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Marketing\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Brennan, Peter V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Jockey Hollow Run  
 City Woolwich Twp State NJ Zip Code 08085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Howard, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6464 Greenstone Loop  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130811925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. Walker, Lori G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6909 New Albany Links Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strategic Plng/Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Fitzgerald, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1925 River Sound Dr.  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812225636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 101.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Johnston, Carla K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 Jasmine Ave.  
 City West Sacramento State CA Zip Code 95605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Fin\_Plng\_&\_Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Lantz, Tina G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 E Beck St  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Aragon, Charles F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7704 Ogden Woods Blvd  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Comm/Trans\_(Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Barteau, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18526 Dembridge Dr  
 City Davidson State NC Zip Code 28036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812725636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. Nathan, David C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Walnut Glen Court  
 City Sacramento State CA Zip Code 95864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Schlissberg, Robert E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7816 Alexandra Dr  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130812925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Scoyne, Fraser, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8859 Lindsey Ct  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Finance Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130813025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Glending, Michael J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36422 Gosford Dr  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130813225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Schorr, Ryan D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 Stone Canyon Ct  
 City Hinckley State OH Zip Code 44233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130813325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Gibbs, Kristin A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 Grey Fox Run  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130813425636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Krarup, Bruce T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9480 Falcon Track  
 City Warren State OH Zip Code 44484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130813625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Carden, Craig A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2834 Sweet Flag Way  
 City Stow State OH Zip Code 44224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strategic Pric  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130813725636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	64.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Dambeck, Matthew P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Santa Maria Dr.  
 City Tierra Verde State FL Zip Code 33715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales (Wound Care)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130814125636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Sena, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7038 Maynard Place  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP,HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130814325636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Millar, Bruce M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Fairgrounds Drive  
 City Manlius State NY Zip Code 13104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Inventory Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130814725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Crowley, John D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2523 Titans Lane  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130814825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Light, Steven D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4249 Vaux Link  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130814925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Morris, Jacqueline L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Literary Road  
 City Cleveland State OH Zip Code 44113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Stratgy Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130815025636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Sawhney, Nalin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 Summerhill Drive  
 City Malvern State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM Enterprise Corporate Acco  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130815125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Williamson, Russell M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5009 Glenshire Drive  
 City Flower Mound State TX Zip Code 75028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM Enterprise Corporate Acco  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130815225636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Wiley, William G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3063 Pecan Grove Lane  
 City Prosper State TX Zip Code 75078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130815525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Pintek, Michael F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4510 W. Rapid Springs.  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Accnt Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130815725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Calla, Nick J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Windsor Court  
 City Pittsburgh State PA Zip Code 15220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130815825636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Nielsen, Jan E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4408 Pecan Bend  
 City Parker State TX Zip Code 75002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130839925636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Crump, Randall G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1031 Redfield Terrace  
 City Dunwoody State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR130863525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. English, Patricia M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7611 Beechlake Dr  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Accounting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR130884725636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Marzouk, Shaden, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Washington St Unit 2A  
 City Brooklyn State NY Zip Code 11201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 950.00

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR130884825636**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Sopp, Douglas G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12245 Brookwood Cir  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Nuclear Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130956725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Laber, Melissa A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8200 Bibury  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Strat Src Glbl Prods  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130967825636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Lieberman, Mark L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Cherry Hill Lane  
 City Manalapan State NJ Zip Code 07726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130967925636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	89.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. O'Sullivan, Heather M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Kettle Hole Road  
 City Bolton State MA Zip Code 01740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR130968025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Cloud, John R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 Grandview Dr  
 City Chatham State LA Zip Code 71226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131026325636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Froom, Karan E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3964 Darby Park Road  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strategic Plng/Execut  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131026425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.00  
**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 46 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Rarey, Meredith A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6115 Braymoore Drive  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat\_Src Gbl Prods  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131026525636**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Fritter, Brian J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10624 Riverside Dr.  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Cnslt, Business Intelligence  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131154625636**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Sisson, Timothy J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4011 Lyon Dr  
 City Columbus State OH Zip Code 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Comm\_Bus\_Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131154725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 59.00  
**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 47 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Reschke, Sara J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Cove Ct.  
 City Longwood State FL Zip Code 32779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131180025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Simpson, Doris M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 422 Northgate Rd  
 City Lindenhurst State IL Zip Code 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Inventory Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131180225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Scott, Herbert A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44711 Crestmont Dr.  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec,Territory SIs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131180425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 48 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Sovoda, Sidney F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4843 Mead  
 City Dearborn State MI Zip Code 48126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Operations Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131180525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Nelson, Scott P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 814 Woodsdale Court  
 City Ballwin State MO Zip Code 63011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, HSS Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131180725636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Kelso, Shannon D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Waterford Drive  
 City Mount Holly State NC Zip Code 28120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131180825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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 AKA Cardinal Health Companies PAC**

**A. DePinto, Joseph I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9421 Nicholson Way  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Pres, Specialty Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2006.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131181025636**  
 Amount of Each Receipt this Period 100.30  
 Memo Item  
 P/R Deduction (\$100.30 Bi-Weekly)

**B. Wingham, Matthew T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7260 Wilton Chase  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131181325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Ghousheh, Samir S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30125 Greenview Pkwy  
 City Westlake State OH Zip Code 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131181425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.30  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Huckabey, Donald C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4433 E 46th Street  
 Apt. 11  
 City North Little Rock State AR Zip Code 72117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Customer Order Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131181625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Rozich, Gerrilyn A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9926 MacDonald Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sply Chain Inv/Purchasing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131181725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Poussot, Rodolphe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 158 E Beck St  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strtegy Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131182225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Simoncini, Justin C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7312 Marist Lane  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Plng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131182325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Milnes, Robert A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24622 Queensfield Court  
 City Katy State TX Zip Code 77494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharmacy Operations Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131182625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Wall, Richard C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7703 Marquette St  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sales - Medical Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131182725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Bogard, Willia M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2228 Cason Lane  
 City Murfreesboro State TN Zip Code 37128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Customer\_Service\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131196325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Bragg, Heidi H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9322 Wheatfield Lane  
 City Rosenberg State TX Zip Code 77469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Regulatory Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131196625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Clark, Andrew M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6702 Lilac Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Master Black Belt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131196925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Copeland, Terry B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 Coneflower Drive  
 City Spring Branch State TX Zip Code 78070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharm Ops & Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131197225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Crates, William S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4071 Killary Dr  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, QRA Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131197325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Crowe, Sandra M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Gregg Ave  
 City St. Louis State MO Zip Code 63139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Regulatory\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131197425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Fischer, Jeffrey R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7032 Willow Run Dr  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Accnt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131197925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Greco, Anthony J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3866 Croydon Dr NW  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Cnslt, Accnt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131198125636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Hansen, Nathaniel A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 732 34th Ave N  
 City St. Petersburg State FL Zip Code 33704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Acct Mg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131198525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**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 55 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Harner, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 899 Ludwig Dr  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strategic\_Plng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131198625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Harrill, Mark E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6891 Salerno St NW  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Digital Campaign Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131198725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Kewale, Navin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6776 Royal Plume Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software/Info Plat  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131199525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 176
<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 AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kreakie, Craig L, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 6784 Highbridge Pl			<b>Transaction ID : PR131199725636</b>	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 38.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Operations Management	P/R Deduction (\$38.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Love, Talvis P, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 5514 Loch More CT E			<b>Transaction ID : PR131199825636</b>	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) SVP, Ent Arch & Info Security	P/R Deduction (\$50.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mignogno, Hollis C, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 10442 Fairfield Farms Dr			<b>Transaction ID : PR131199925636</b>	
City Canal Winchester	State OH	Zip Code 43110	Amount of Each Receipt this Period 19.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Director Security	P/R Deduction (\$19.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Minister, Benjamin M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1282 Harran Ave.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131200225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Muha, Christopher A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13864 Wickfield Pl  
 City Parker State CO Zip Code 80134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, QRA Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131200325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Pfeiffer, Christopher M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Sycamore Drive  
 City Waldwick State NJ Zip Code 07463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131200825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**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 58 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Pollock, Eric S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Adams St  
 APT 15J  
 City Brooklyn State NY Zip Code 11201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sales Ops Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131200925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Reid, Jeffrey J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2616 Lady Viviane Lane  
 City Lewisville State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131201225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Shatto, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2672 Bryton Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Advanced Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131201825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Sturtz, Jerrold E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 South Forest Rd  
 City Williamsville State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131202425636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Tice, Bradley P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 Robbins Nest Rd  
 City Thompsons Station State TN Zip Code 37179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131202625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Touve, Jay A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4210 Evansdale Rd  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131202725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 176
<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 AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Varghese, Joseph, , ,</b>			Date of Receipt
Mailing Address 6234 Pollard Place Drive			<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2016"/>
City Hilliard	State OH	Zip Code 43026	<b>Transaction ID : PR131202925636</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.00"/>
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Bus Integrat	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>		P/R Deduction (\$19.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Willet, Debra A, , ,</b>			Date of Receipt
Mailing Address 7418 Balfoure Circle			<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2016"/>
City Dublin	State OH	Zip Code 43017	<b>Transaction ID : PR131203225636</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.00"/>
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Comm/Trans_(Atty)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="760.00"/>		P/R Deduction (\$38.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Xu, Tianning, , ,</b>			Date of Receipt
Mailing Address 2343 Unicoi Ct			<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2016"/>
City Duluth	State GA	Zip Code 30097	<b>Transaction ID : PR131203425636</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.00"/>
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, R & D Engrg	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>		P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="76.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Cullen, Sheila C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 814 Bergquist Drive  
 City Ballwin State MO Zip Code 63011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Supv, Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219025636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Zerbi, Dominic G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Indian Run Dr.  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Asst Gen Csl, Com/Trans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Russell, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12664 CR 314  
 City Navasota State TX Zip Code 77868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Asst Gen Csl, Reg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00  
**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 62 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Darcy, Alain M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6816 Casselbury Mills Ct  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Cnslt, Advanced Analytics  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Resnick, Douglas J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10510 Townley Ct  
 City Aurora State OH Zip Code 44202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Billing CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Groves, John T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13021 Oakmere Dr  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Compensation  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Simon, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5860 Baronscourt Way  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Prod & Srvc Development  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131219925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Patterson, Stephanie M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4742 Bluestem Lane  
 City Stow State OH Zip Code 44224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Ethics\_&\_Compliance\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.72

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Laney, JaLyna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6312 Bunker Drive  
 City Locust Grove State GA Zip Code 30248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Clin Spclty  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**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 64 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Simard, Stephen P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Potash Rd  
 City Francestown State NH Zip Code 03043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR13122025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Burrs, Bryan L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5428 Middlebury Loop  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Field Srvc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Cherwa, Christopher M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Peters Creek Parkway 337  
 City Winston-Salem State NC Zip Code 27101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**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 65 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Tuzzo, Michael E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Rose Circle  
 City North Tonawanda State NY Zip Code 14120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Inside\_Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Scheuer, Paul D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Flagstone CT  
 City Vacaville State CA Zip Code 95687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Inventory Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Waeltz, Brian M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4329 Houser Dr  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 66 OF 176  
(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 AKA Cardinal Health Companies PAC**

**A. Zatlukal, Michael J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Denniston Dr  
 City New Windsor State NY Zip Code 12553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Webb, Romeyn A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2525 Allen Circle  
 City Woodland State CA Zip Code 95776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131220925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Welch, Audrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7523 149th Ave Ct E  
 City E Sumner State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131221025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Boggs, Morgan M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9417 Iron Mountain Way  
 City Arvada State CO Zip Code 80007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131221125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Cliff, Thomas M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6970 Shady Nelms  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131221325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Jacobs, Nicholas A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11715 Ascot Lane  
 City Chagrin Falls State OH Zip Code 44023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sourcing Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131221425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Adams, Natalie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2693 Hoover Crossing Way  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strateg PIng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131221525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Gainer, Natalie A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2014 Philzer St NW  
 City North Canton State OH Zip Code 44720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131221625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Briya, Lisa R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5792 Glendavon Loop  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131221725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Rossettie, Mary Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3983 Santa Nella Place  
 City San Diego State CA Zip Code 92130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131221825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Toomer, Corine J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2716 Millers Way Drive  
 City Ellicott City State MD Zip Code 21043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Acct  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131221925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Burnette, Jr, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Holland Church Road  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Acct  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Chen, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42862 Oak Post Court  
 City Ashburn State VA Zip Code 20148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Territory Sale  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Crossley, Richard W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3249 Lockport Road  
 City Sanborn State NY Zip Code 14132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mngr, Warehouse Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Bejarano, Brian J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3859 Village Club Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, DC Ops COE & Transport  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Horick, Robert A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1970 Raveneaux Ln  
 City Tyler State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Engineering\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222425636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Harbaugh, Michael T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19519 Flair Oak  
 City San Antonio State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Territory Sales - Med Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Macielak, Francis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 Fen Ridge  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Env H&S  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Allen, David P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Ravine Forest  
 City Lake Bluff State IL Zip Code 60044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Nagel, Kenton B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Redbud Dr  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Black, Gregory D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36300 Sandy Knoll Dr  
 City Eastlake State OH Zip Code 44095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Sales Operations Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131222925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Cochran, Tim A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3946 Meadow Knoll Rd  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131223025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Addressi, Constance A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7024 N. 59th Place  
 City Paradise Valley State AZ Zip Code 85253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Territory\_Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131262725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Barr, David F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Douglas Court  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131263225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 74 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Bianchi, Anthony J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 662 Pepperwood Dr.  
 City Brunswick State OH Zip Code 44212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Territory Sales - Med Prd  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131263325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Compasso, Michele M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 Hill St  
 City Sewickley State PA Zip Code 15143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Black Belt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131263825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Daniel, Saji T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7917 Fisher Island Drive  
 City Miami State FL Zip Code 33109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131263925636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00  
**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 75 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Feeney, Kathleen A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 Clubview Blvd South  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131264425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Hartin, Curtis W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Lake View Loop  
 City Fulshear State TX Zip Code 77441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Phrm Ops & Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131264525636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Johnson, David M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 SE El Camino Dr  
 City Gresham State OR Zip Code 97080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Cnslt, Franchise Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131264725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. King, Cathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 Reinhard Avenue  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contrac  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131264825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Kramer, Larry A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 Grand Ridge Rd  
 City St Charles State IL Zip Code 60175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131265025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Lowry, John J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11518 W 157th TER  
 City Overland Park State KS Zip Code 66221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131265425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. McBride, Jeffery S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12640 Clear Ridge Road  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131265625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. McIntire, Stacy A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1603 Grenoble Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131265825636**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Navest, Susan C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8882 Scenic Elk Court  
 City Elk Grove State CA Zip Code 95624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Sales Trng & Effect  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131266325636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 46.00  
**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 78 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Otsuka, Dennis M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9816 Buckeye St. NW  
 City Albuquerque State NM Zip Code 87114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131266425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Raab, Rita A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Sklar St  
 City Ladera Ranch State CA Zip Code 92694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Inventory Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131266625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Richwine, Catherine H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1294 Murmur Ct  
 City Virginia Beach State VA Zip Code 23454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Pharm Ops Proj Mgmt-P Sol  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131266825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Sanders, Anthony L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40425 Tesoro Ln  
 City Palmdale State CA Zip Code 93551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Custmr Ops Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131267025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Schrock, Lyndon R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 9  
 City Bellaire State MI Zip Code 49615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131267325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Suba, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8870 Darrow Rd. STE F 106-142  
 City Twinsburg State OH Zip Code 44087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, IT\_Prog/Proj\_Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131267525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Vitale, John A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Ridings Road  
 City Northport State NY Zip Code 11768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Territory Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131267725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Smith, Jeffrey S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1563 Royce Street APT# 3C  
 City Brooklyn State NY Zip Code 11234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Cnslt, Terrtry Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131282625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. OBrien- Miller, Jolene M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Southern Hills Ct.  
 City OFallon State MO Zip Code 63366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharmacy Ops Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131283025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 176
<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 AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Burruss, Royce, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 9043 Sesuit Lane			<b>Transaction ID : PR131283125636</b>
City Mechanicsville	State VA	Zip Code 23111	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Progr Management	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hall, Kip C, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 2423 N Spring Hollow St			<b>Transaction ID : PR131283325636</b>
City Wichita	State KS	Zip Code 67228	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Sales - Medical Dev	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Morse, Adam M, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 434 W. Hawthorne			<b>Transaction ID : PR131283425636</b>
City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Sales - Medical Dev	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Elliott, Rhonda F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2463 Ridgewood Circle  
 City Fairfield State CA Zip Code 94534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sales - Medical Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131283525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Rohrberg, Lars, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Wintergreen Lane  
 City Groton State MA Zip Code 01450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Technical Marketing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131283625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Vinuelas, Melanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13035 East Turquoise  
 City Scottsdale State AZ Zip Code 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Account Mg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131283725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Goodstein, Jon B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8107 Summerhouse Dr East  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Advanced Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131283825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Mulugeta, Dawit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8775 Westward Way  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Advanced Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131283925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Wemple, Julie D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Ashleigh Dr  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Billing CAH at Home  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Walker, Elizabeth V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 McVey Blvd West  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Community Relatns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Rachuba, Jennifer L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4930 Barnhurst Lane  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Cust Conctrct Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Bracken, Burton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 758 Country Place  
 City Santa Clara State UT Zip Code 84765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Direct\_Sales\_Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**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 85 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Goodsell, Robert P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Moss Court  
 City Woodstock State GA Zip Code 30188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Direct\_Sales\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Hugeback, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7255 Aloe Ct  
 City Rancho Cucamonga State CA Zip Code 91739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Navarro, Christopher A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14230 Darby Springs Way  
 City Cypress State TX Zip Code 77429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.00  
**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 86 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Boon, Adam D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5817 Waterbury Circle  
 City Des Moines State IA Zip Code 50312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Health System Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Gonzalez, Lois M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5900 SW 49 St  
 City Miami State FL Zip Code 33155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Inside\_Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131284925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Dickerson, David L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1444 Niagara Court  
 City Maineville State OH Zip Code 45039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Master Black Belt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Loya, Luis E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4110 Rivers Run Dr  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Master Black Belt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Dixon, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1575 Essex Rd  
 City Upper Arlington State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Payne, Amy L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 Water Mill Drive  
 City Buford State GA Zip Code 30519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**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 88 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Ray, Joseph J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 167 Eric Drive  
 City Beaver State PA Zip Code 15009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharm Ops & Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Briggs, Mark F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8628 Woodlands Court  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sales Comp Plan Design  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285725636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Pena, Juan C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address c/o Caredinal Health 5000 SW 75th Ave Suite 121  
 City Miami State FL Zip Code 33155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Bus Metric/Analytics  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131285825636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 59.00  
**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 89 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Dritz, Joshua S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 Rissler Lane  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CARDINAL HEALTH, INC Dir, Strategic Plng/Execut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131285925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Sims, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Deckerleaf Ct  
 City Winston Salem State NC Zip Code 27106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CARDINAL HEALTH, INC Dir, Territory Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131286125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Habersack, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Vista View Ct  
 City Kingsville State MD Zip Code 21087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CARDINAL HEALTH, INC Exec,Territory SIs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR131286225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. LaCava, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6849 Kellogg Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir,Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131286325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Speeney, Robert L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6800 Royal Plume Dr  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Credit  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131286425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Holen, Kathryn A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Deerhill Drive  
 City Bogart State GA Zip Code 30622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, Eniv H&S  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131286525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Anderson, Christopher J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Cyprus Drive SE  
 City Massillon State OH Zip Code 44646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131286725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. McGraw II, Rickie L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4079 Landhigh Lakes Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131286825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Tuchner, Sean J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1802 West Lincoln Street  
 City Mount Prospect State IL Zip Code 60056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Acct  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131286925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Damron, Ruth M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 Anselmo Dr  
 City Reno State NV Zip Code 89523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Territory\_Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131287025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Riley, James F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79 Damsen Rd  
 City Rochester State NY Zip Code 14612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Executive, Acct-SPD Alt Care  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131287125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. McIntyre, Sandra M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2129 Prominence Drive  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Black Blt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131287825636**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Labianco, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Lefferts Road  
 City Yonkers State NY Zip Code 10705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mngr, Category Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131288125636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. McKenzie, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 148th Street Court East  
 City Tacoma State WA Zip Code 98445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131288725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Sullivan, Glenn P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 E. Main St. PO Box 611  
 City Saint Paris State OH Zip Code 43072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Regulatory Mgt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131289125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Coffey, Terrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3763 Lower Saucon Road  
 City Hellertown State PA Zip Code 18055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Sales - Dist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131289225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Whitworth, Luke A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1810 Summit Commerce Park  
 City Chagrin Falls State OH Zip Code 44023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Home Health Agencies (HHAs)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131292725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Saghbini, Jean-Claude J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Hunnewell Avenue  
 City Newton State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131292825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 95 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Tumey, David M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11346 NW 20th Drive  
 City Coral Springs State FL Zip Code 33071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Fellow\_Engr, R & D  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131292925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. WEITZMAN, DEBORAH L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2070 CACIQUE ST  
 City SAN JUAN State PR Zip Code 00911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM PUERTO RICO/  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131293125636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MONTALVO ORTIZ, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address URB. ANDREAS COURT C BIANCA E 6  
 City SAN JUAN State PR Zip Code 00976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131293225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 176
<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 AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Combs, Kevin B, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 4161 Rhapsody Street Apt. 4201			<b>Transaction ID : PR131313125636</b>
City Grand Prairie	State TX	Zip Code 75052	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Supv, Warehouse Operations	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.37		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cotter, Sara, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 2657 Westmont Blvd			<b>Transaction ID : PR131313225636</b>
City Columbus	State OH	Zip Code 43221	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Marketing_Mgmt	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Crompton, Alan J, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 3405 Middlepost Ln			<b>Transaction ID : PR131313425636</b>
City Rocky River	State OH	Zip Code 44116	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Fin Planng & Analysis	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Flynn, James J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Welshire  
 City Bay Village State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131313625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Haymer, Cynthia A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 685 Deep Woods  
 City Aurora State OH Zip Code 44202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131313825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Teodecki, Suzanne T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3747 Keating #1  
 City San Diego State CA Zip Code 92110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Acct  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131314925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Yoder, Kyle A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 Oxford Dr  
 City Broadview Heights State OH Zip Code 44147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Contract and Billing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131315225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Brew, Mitchell E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2975 Somerset Ln  
 City Orono State MN Zip Code 55356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131315325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Gates, Geoffrey A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2592 Easthaven Dr.  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131315425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Brake, Jay L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3302 Woods Mill Dr  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131336025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Weaver, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 Challain Drive  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sales - Medical Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131336125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Shah, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3208 Benbrook Pond Drive  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Plannng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131336325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 100 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Dedels, Daniell V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1346 Hunter Ave  
 City Columbus State OH Zip Code 43201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Account Mg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131336825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Riemer, Brian K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4813 Forge Acre Drive  
 City Perry Hall State MD Zip Code 21128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131336925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Schaffer, Devin K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8710 Glenliven Ct  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Counsel, M & A  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131337225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Seklecki, Joseph F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Caldwell Circle  
 City Newtown State PA Zip Code 18940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131424425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Knight, Makenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1055 Pine St. Apt. 539  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131424925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Friedman, Matthew J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2090 Troon Dr  
 City Henderson State NV Zip Code 89074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Cnslt, Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131425225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Buck, Michael J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 Bay Laurel Drive  
 City Menlo Park State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Pres, Medical Products  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131729425636**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Helt, Courtney L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3310 Township Road 208 NE  
 City New Lexington State OH Zip Code 43764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131730825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Callinicos, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 North Oak St # 611  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Prof & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131881225636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	311.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Patten, Cathy A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Meadows Ave  
 City Lantana State TX Zip Code 76226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Clncal Ops Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131948525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Renner, Brian T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W. Starr Avenue  
 City Columbus State OH Zip Code 43201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131948625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Spalding, Jennifer M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7735 Sutton Place  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, General\_Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131948825636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Garavito, Patricio E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9479 Creighton Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, M & A\_(Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131957925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Isaza, Diego F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5706 Ennishannon Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131958125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Gomez, Tammy L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1383 Loch Lomond Place  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, HR Bus Partner Medical  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131965225636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Halterman, Thomas L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2613 Country Side Drive  
 City West Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Phrm Ops & Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 532.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131965325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. McGrath, Rebecca F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9604 Jenny Lane  
 City Fairfax State VA Zip Code 22032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR131978625636**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

**C. Pritchard, Christine C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6812 Spring Run Drive  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR132002525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Wilson, David J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1181 Summit Road  
 City Montecito State CA Zip Code 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) President, Cordis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR132036225636**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Haydock, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Stanwood Avenue  
 City Plaistow State NH Zip Code 03865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR132036325636**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Roy, John M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4437 Yellow Wood Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016  
**Transaction ID : PR132097025636**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Balzer, James F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Ranchero Dr  
 City Coraopolis State PA Zip Code 15108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Cnslt, Ops Technology  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 218.80

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR77969125636**  
 Amount of Each Receipt this Period 10.94  
 Memo Item  
 P/R Deduction (\$10.94 Bi-Weekly)

**B. Glover, Robert F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5633 N Kostner Avenue  
 City Chicago State IL Zip Code 60646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contract)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 669.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87377425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Overman, Mark R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Wyndham Hill Ct  
 City Southlake State TX Zip Code 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contract)  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 904.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87377725636**  
 Amount of Each Receipt this Period 45.20  
 Memo Item  
 P/R Deduction (\$45.20 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 94.14  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Lockyer, Linda S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 Noe Street  
 City San Francisco State CA Zip Code 94114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contract)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **760.00**

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR87377825636**  
 Amount of Each Receipt this Period **38.00**  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Berg, Michael T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 797 Wexford Court  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM Presource  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR87378325636**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Kerski, Christopher D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8155 Campden Lakes Boulevard  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM Laboratory Products  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR87378625636**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>128.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Henderson, Mark T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11300 Glenwood Street  
 City Shawnee State KS Zip Code 66226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 370.80

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87378725636**  
 Amount of Each Receipt this Period 18.54  
 Memo Item  
 P/R Deduction (\$18.54 Bi-Weekly)

**B. Popejoy, Kathy S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11127 W 59th Ave  
 City Arvada State CO Zip Code 80004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 537.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87379425636**  
 Amount of Each Receipt this Period 26.85  
 Memo Item  
 P/R Deduction (\$26.85 Bi-Weekly)

**C. Anderson, Christopher J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 George Pierce  
 City Suwanee State GA Zip Code 30024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, QRA Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87379925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	64.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Wilson, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30121 Fiddlers Green  
 City Farmington Hills State MI Zip Code 48334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Acct Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87380125636**  
 Amount of Each Receipt this Period 13.50  
 Memo Item  
 P/R Deduction (\$13.50 Bi-Weekly)

**B. Katz, Douglas J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 McCue Rd  
 City Morganville State NJ Zip Code 07751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87380225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Render, David B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6909 Maris Ct  
 City Burleson State TX Zip Code 76028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.60

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87380925636**  
 Amount of Each Receipt this Period 15.03  
 Memo Item  
 P/R Deduction (\$15.03 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 47.53  
**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 111 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Whidden, James A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6603 Chaucer Place SW  
 City Ocean Isle Beach State NC Zip Code 28469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Regulatory Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87381025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. McMahon, Geoffrey Y, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57-531 Kamehameha Hwy  
 City Kahuku State HI Zip Code 96731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87381225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Thompson, Benjamin T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1244 Edgemere Drive  
 City Keller State TX Zip Code 76248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Dir Sales Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87381425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 112 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Beeler, Laurel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1723 Eagle Trl  
 City Oxford State MI Zip Code 48371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87382025636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Swanberg, Daniel L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3648 Tierra Paris  
 City El Paso State TX Zip Code 79938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Engineering\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87382225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Groesbeck, Michael L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33916 N Summerfields Dr  
 City Gurnee State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87382325636**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Schotz, Debra L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2351 Thornwood Avenue  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, US Marketing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87382725636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Brewster, Gregg A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3710 Fenceline Road  
 City Franksville State WI Zip Code 53126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contrac  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87382825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Donatich, Michele B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Penny Lane  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Cust Advocacy-Clin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 291.60

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87383025636**  
 Amount of Each Receipt this Period 14.58  
 Memo Item  
 P/R Deduction (\$14.58 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Storm, Greg W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Varies By Worker**  
 City **Little Rock** State **AR** Zip Code **72223**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **CARDINAL HEALTH, INC** Occupation (for Individual) **Exec, Sls**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **640.20**

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR87383425636**  
 Amount of Each Receipt this Period **32.01**  
 Memo Item  
 P/R Deduction (\$32.01 Bi-Weekly)

**B. Sosa, Wilfrido M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **721 Live Oak**  
 City **El Paso** State **TX** Zip Code **79932**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **CARDINAL HEALTH, INC** Occupation (for Individual) **SVP, Manufacturing (Medical Prod**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR87384125636**  
 Amount of Each Receipt this Period **19.00**  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Jacobson, Susan J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **3175 Tremont Road unit 413**  
 City **Upper Arlington** State **OH** Zip Code **43221**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **CARDINAL HEALTH, INC** Occupation (for Individual) **SVP, Deputy General Counsel**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **760.00**

Date of Receipt **10 / 19 / 2016**  
**Transaction ID : PR87384525636**  
 Amount of Each Receipt this Period **38.00**  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **89.01**  
**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 115 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Hobgood, Robert B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 2665  
 City Asheville State NC Zip Code 28802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Account Mg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87384625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Long, Evelyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3333 Hawks Ridge Dr  
 City Lakeland State FL Zip Code 33810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87384825636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Spirko, Kate C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, HR Service Center  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87385125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**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 116 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Stoll, Rachel R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4228 St. Andrews Blvd  
 City Irving State TX Zip Code 75038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87385325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Septer, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Miller Drive  
 City Sylacauga State AL Zip Code 35151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Direct\_Sales\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87385625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Pogue, Paul S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1174 Greers Landing Dr  
 City Hernando State MS Zip Code 38632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87386025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Misplay, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Greenwich Blvd  
 Apt. 107  
 City Lake Wylie State SC Zip Code 29710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account Mgmt (Ambulatory)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87386625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Kohut, Matthew J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 East Rockland Rd  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Product & Services Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87386725636**  
 Amount of Each Receipt this Period 13.00  
 Memo Item  
 P/R Deduction (\$13.00 Bi-Weekly)

**C. Wilens, Curtis L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1347 Coventry Ln  
 City Northbrook State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Market Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87386825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Donnelly, Scott A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12659 Hickory Ridge Road  
 City Plain City State OH Zip Code 43064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM (Gen Mgmt)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87387525636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Moulton, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7017 Violet Veil  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87387625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Farley, Paul G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Onondeg Rd  
 City Narragansett State RI Zip Code 02882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Accnt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 58.00  
**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 119 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Sullivan, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Bernon Drive  
 City Lincoln State RI Zip Code 02865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Dir Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 556.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Bishop, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9712 Persimmon Place  
 City Plain City State OH Zip Code 43064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Eckhert, Patrick J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Deseret Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strat\_Src Indirect  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Rumfola, Annlea C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10472 Mackenzie Way  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Pharmaceutical Segment IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388525636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Fiacco, John A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Pharm\_Ops Mgmt - Med Shop  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Synor, Michael D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31772 Fairway Dr N  
 City Foristell State MO Zip Code 63348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory\_Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87388825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 176
	<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 AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bonanni, James W, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 7511 Plum Hollow Cir			<b>Transaction ID : PR87388925636</b>
City Liverpool	State NY	Zip Code 13090	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Account (Enterprise Contrac	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sutherland, Eric D, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 6433 Tulipwood Lane			<b>Transaction ID : PR87389025636</b>
City Jamesville	State NY	Zip Code 13078	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Operations Mgt	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Robinson, Kristina M, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 5464 Heathrow Drive			<b>Transaction ID : PR87389125636</b>
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 16.15
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Software Engineering	P/R Deduction (\$16.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 323.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 176
<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 AKA Cardinal Health Companies PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Smith, Andre D, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 19 / 2016
Mailing Address 1333 Eldridge Parkway Apt 1128			<b>Transaction ID : PR87389325636</b>
City Houston	State TX	Zip Code 77077	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) Dir, Phrm Ops & Account Mgmt	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. DiBiase, Ted L, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 19 / 2016
Mailing Address 4954 Rosegate Court			<b>Transaction ID : PR87389425636</b>
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 61.20
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) VP, Employee Relations & Labor	P/R Deduction (\$61.20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1224.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gaines, Joshua T, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 19 / 2016
Mailing Address 2629 Bexley Park Road			<b>Transaction ID : PR87389625636</b>
City Bexley	State OH	Zip Code 43209	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CARDINAL HEALTH, INC		Occupation (for Individual) SVP, Strategy & Corp Devel	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Hume, Cheryl L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2762 Cannon Circle  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Invenry Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87389725636**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. Flannery, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 275 East Center St  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Government)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 442.60

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87389825636**  
 Amount of Each Receipt this Period 22.13  
 Memo Item  
 P/R Deduction (\$22.13 Bi-Weekly)

**C. Aquilina, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4871 Normandy Drive  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87389925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	72.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Legay, Michael J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Bitterfield Dr  
 City Ballwin State MO Zip Code 63011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Cnslt, Franchise Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87390425636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Summers, Robert S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 Chasely Circle  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 626.60

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87390525636**  
 Amount of Each Receipt this Period 31.33  
 Memo Item  
 P/R Deduction (\$31.33 Bi-Weekly)

**C. Nicol, Natasha C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Red Tail Hawk Loop  
 City Pawleys Island State SC Zip Code 29585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Clinical Spec - Pharm Sol  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87390625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. McCaffrey, Sean M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 Buck Run Rd  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87390725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Wolin, Deborah E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15200 Memorial Dr. Unit 1903  
 City Houston State TX Zip Code 77079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Asc\_Gen\_Csl,\_Comm/Trans  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87390825636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Callison, Steven J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1368 Lincoln Road  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP,Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 398.20

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87390925636**  
 Amount of Each Receipt this Period 19.91  
 Memo Item  
 P/R Deduction (\$19.91 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 77.91  
**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 126 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Wadsworth, Ronald M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4310 Suffolk Way  
 City El Dorado Hills State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87391025636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Smith, William F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8501 Heatherwood Drive  
 City Savannah State GA Zip Code 31406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Cnslt, Bus Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 211.60

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87391525636**  
 Amount of Each Receipt this Period 10.58  
 Memo Item  
 P/R Deduction (\$10.58 Bi-Weekly)

**C. Ginn, John O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 Garnet Hill Drive  
 City Lenoir City State TN Zip Code 37772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Inv Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87391625636**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 P/R Deduction (\$24.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.58  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Zimmerman, William H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Elmwood Drive  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strateg PIng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87391825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Cacciatore, Gary G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 Enclave Parkway  
 City Houston State TX Zip Code 77059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Reg (Atty)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87391925636**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Colley, Richard F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2903 21st Ave Ct Se  
 City Puyallup State WA Zip Code 98372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87392025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**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 128 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Scott, James L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, National Markets  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87392225636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Cochran, Bradley G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87392425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Owad, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7558 Heatherwood Ln  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Operational Excellence  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2006.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87392525636**  
 Amount of Each Receipt this Period 100.30  
 Memo Item  
 P/R Deduction (\$100.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	188.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Stillings, Lisa A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5833 Whitecraigs Ct  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87392925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Brannon, Jeffrey B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3965 Clearlake Circle  
 City Zanesville State OH Zip Code 43701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393025636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Cowman, Craig P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8244 Chippenham Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) EVP, Global Sourcing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393125636**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Havlovitz, Lori S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8969 Sunningdale Lane  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Info Security  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Godfrey, Tracy K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2576 McCumber  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strat Pricing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Zawadzki, Mark D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5991 Kitchen Ct  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393425636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Kaufmann, Michael C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Chief Financial Officer (CFO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393825636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Boggs, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7746 Polo Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87393925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Thomas, Angela M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9287 Windy Creek Dr  
 City Columbus State OH Zip Code 43240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Field Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87394025636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	231.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Smith, Laura L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8635 Carter Road  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sls Operations Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87394625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Kannally, Kevin M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87394725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Thacker, Dana R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2934 Griffin Dr  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87394825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Combs, James P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69259 Lee Road  
 City St Clairsville State OH Zip Code 43950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exectve, Accnt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87394925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Grant, Carolyn E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87395425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Kallmeyer, Kristina J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7560 Kerfield Drive  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account (Enterprise Contrac  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87395525636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**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 134 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Sells, Patrick A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3460 Hyatts Rd  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87396125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Baker, Cassandra E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87396425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Barker, James M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2761 Skelton Ln  
 City Blacklick State OH Zip Code 43004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat\_Src Gbl Prods  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87396625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Homan, James J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Eden Park Drive  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.40

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87396725636**  
 Amount of Each Receipt this Period 13.92  
 Memo Item  
 P/R Deduction (\$13.92 Bi-Weekly)

**B. Sanders, Chad E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 831 Ellis St  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Territory Sale  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87397125636**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Scherer, Mary C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 Weatherburn Ct  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Internal Audit-Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87397325636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Giacomini, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6792 Ingalls Ct  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) CEO, Pharmaceutical Segment  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87397425636**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. McCluskey, Anne F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10910 E San Tan Blvd  
 City Sun Lakes State AZ Zip Code 85248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87397625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Giacalone, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7471 Balfoure Circle  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Reg Affairs/Chf Reg Cnsl  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87397825636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Fluno, Debra A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 622 Sunnyside Ave  
 City Gurnee State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharm Ops & Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87398025636**  
 Amount of Each Receipt this Period 19.88  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Brown, Michael D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 Saddle Ridge  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Pharm\_Ops & Account\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87398225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Gleason, Jacqueline A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N 7896 Valley View Rd  
 City New Glarus State WI Zip Code 53574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Program Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87398725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.88  
**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 138 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Woo, Anthony D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6151 Haddo Way  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Corp Devel, Fin Anl/Val  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87398825636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Ableidinger, Kathryn J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Ashbury Ct  
 City Hudson State WI Zip Code 54016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Robinson, Daniel R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharm Ops & Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Lawrence, Stephen M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8358 Meadowlark Lane  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Retail Independent Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399225636**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Crawford, Gordon A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Richards Rd.  
 City Utica State OH Zip Code 43080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, IT Prog/Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Lawrence, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 Vinwood Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strtgc PIng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399425636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Martin, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9723 Turquoise Ln  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Malham, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 Lone Oak Drive  
 City White House State TN Zip Code 37188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory\_Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87399825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Gajeski, David E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21406 Saunton Dr.  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, Sls  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 836.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87400325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 141 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Sherrer, Kendell F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Urlin Avenue  
 Suite #2017  
 City Grandview State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.20

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87400825636**  
 Amount of Each Receipt this Period 20.31  
 Memo Item  
 P/R Deduction (\$20.31 Bi-Weekly)

**B. Ellis, Gary B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6146 Balmoral Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP/GM Innovative Delivery Solut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2006.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87400925636**  
 Amount of Each Receipt this Period 100.30  
 Memo Item  
 P/R Deduction (\$100.30 Bi-Weekly)

**C. Evensen, Leeann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1423 Shady Valley  
 City Sugar Land State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr Cnslt, Bus Analysis  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87401125636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Stavinoha, Tina M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Arrow Road  
 City Eagle Lake State TX Zip Code 77434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Learning\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87401425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Jorgensen, Robbie D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3457 HWY Z  
 City Wentzville State MO Zip Code 63385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87401625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Worth, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5654 Rothesay Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, HR Business Partner Pharma  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87401925636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.00  
**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 143 OF 176
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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 AKA Cardinal Health Companies PAC**

**A. Olson, David S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Marina Dr  
 City Bullard State TX Zip Code 75757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Phrm Ops & Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87402325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Christensen, Eric C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8624 Greenarbor Rd  
 City Albuquerque State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Asc\_Gen\_Csl,\_Comm/Trans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87402425636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Ellis, David M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6521 Goya Way  
 City El Dorado Hills State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87402925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 63.00  
**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 144 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Williams, Blair R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 Cardinal Place  
 City Westerville State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87403125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Keller, Andrew R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3732  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Plng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87403325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Johnson, Eric M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Plannng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87404025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Mann, Donna B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6666 McVey Blvd  
 City West Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Prgm Dir, Prog/Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 572.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87404225636**  
 Amount of Each Receipt this Period 28.60  
 Memo Item  
 P/R Deduction (\$28.60 Bi-Weekly)

**B. Dixon, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1575 Essex Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Customer Service Mngmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87404325636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Harry, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3003 Breezewood Ln  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Fin Plannng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87404525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Fields, Lauren E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4316 Oak Wood Court  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Sales Ops Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87404625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DeLorenzo, Marc D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Tiller Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87404925636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Bolling, Eric T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13162 Thornton Drive  
 City Frisco State TX Zip Code 75035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM Enterprise Corporate Acco  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87405425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.00  
**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 147 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Baxter, Mary W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3273 Stapleford Chase  
 City Virginia Beach State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Pharm\_Ops & Account\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87405525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Robinette, Kimberly A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9409 Avemore Ct.  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87405725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Buster, Paul T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 W Beechwold Blvd  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Software Engineering  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87405925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 148 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Brady, Cameron J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 N. Clinton St.  
 Unit 2204  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Account.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87406225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Wolff, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3446 N Claremont Ave  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87406525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Lindsey, John S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Timberknoll Loop  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Enterprise Infrastructure  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87406725636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Baranski, Craig C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Massina Dr  
 City Wheeling State WV Zip Code 26003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87406825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Buss, Brian R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7483 Bardston Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, IT Prog/Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87407025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Gabel, Robert M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 Berlin Station Rd  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Enterprise Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87407125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Grubbs, Harold E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7802 Spencer Brook Dr  
 City Summerfield State NC Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87407225636**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. Byrnes, John J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 Tucker Dr  
 City Worthington State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87407625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Grant, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9440 Nicholson way  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Account.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87407725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 69.00  
**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 151 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Robinette, Kenneth H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9409 Avemore Ct.  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87407825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Luchini, Donald S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 Lakeside Drive  
 City McKees Rocks State PA Zip Code 15136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Finance Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87408225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Braun, Dennis W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5667 Medallion Dr West  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Finance  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87408325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 176
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Greer, Jeffrey E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1570 Cambridge Blvd  
 City Marble Cliff State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Enterprise\_Architecture  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87408625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Greiner, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 476 Duane Drive  
 City North Tonawanda State NY Zip Code 14120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Direct Sls Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87409125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Halvacs, Gregory J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1159 Bean Oller  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Corporate Security  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87409425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Mone', Michael A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Asc\_Gen\_Csl\_Regulatory  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87409525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Duffy, Michael A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 Mohawk Street  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Pres, Hospital Solutions & Globa  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87409625636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Nagel, Stanley L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6486 Ballantrae Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 684.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87409725636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Einhorn, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8136 Cantabria Falls Dr  
 City Boynton Beach State FL Zip Code 33473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Strategic Pric  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87409925636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Huston, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 490 E. Sunburst Ln  
 City Tempe State AZ Zip Code 85284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87410125636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Alderman, Andrew T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 Leicester Pl.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Strategy & Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87410525636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.00  
**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 155 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Thompson, Robert S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8338 Amberleigh Way  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Prod & Srvc Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87410725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Wehr, Andrew W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Little Bear Loop  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dirtr, EH&S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87410825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Brown, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7417 NewAlbanyLinkDr  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87410925636**  
 Amount of Each Receipt this Period 57.00  
 Memo Item  
 P/R Deduction (\$57.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 95.00  
**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 156 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Villarreal, Ismael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6514 Forfar Ln  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 684.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87411025636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Dion, David R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 182 N Flora Parkway  
 City Addison State IL Zip Code 60101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Quality Cntrl  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87411125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Girard, Maureen T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 552 Ridgeside Drive  
 City Golden State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Mktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87411425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.00  
**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 157 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Mayer, Jessica L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4852 Carrigan Ridge  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87411725636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Laws, Stuart G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5635 Cypress Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Chief Accounting Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87412025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Fowler, Bonny L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Cherry Street  
 City Granville State OH Zip Code 43023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Comm Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87412325636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. La Bue, Anne Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1877 Tewksbury Rd  
 City Upper Arlington State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Asc Gen Cnsl, Corp/Secur  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87412425636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Hall, Carl E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Tanglin Road #08-10 St Regis Residences  
 City Singapore State ZZ Zip Code 99999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Territory Sales (Asia)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87412525636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Smith, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 N. Creekwood Dr  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, QRA Management  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87412825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	72.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Sulzer, Eden C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Bantry St  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Product or Services Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87413125636**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. Bentley, Christine L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12283 South Parker Street  
 City Olathe State KS Zip Code 66061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir Mangng Cnslt, Reg Sciences M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87413625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Crist, Jeffrey A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9376 Roseta Villa Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director, IT Network  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87414225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**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 160 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Abdul-Samad, Samer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6271 Belvedere Green Blvd  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87415025636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Radigan, Dianne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 West Jeffrey Place  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Community Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87415125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Curley, Sally J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 Esin Court  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87415225636**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 176
	<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 AKA Cardinal Health Companies PAC**

**A. Barrett, George S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 E. Sycamore St.  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Chairman/CEO, Cardinal Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87415325636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Pilkington, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1747 River Birch Way  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Strat Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87415825636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Morford, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5565 Lake Shore Ave,  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Chief Legal/Compliance Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87415925636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	422.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Vahedian, Tohid A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Taggart ave  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87416325636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Mangione, Michael J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10733 Jones Road  
 City Clarence State NY Zip Code 14031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Territory\_Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87416425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Waters, Sean P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4505 East Broadway  
 City Gilbert State AZ Zip Code 85296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Sr. Dir, Chem/Pharma Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87417125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 63.00  
**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 163 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Chilton, Henry M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5080 Ivybridge Drive  
 City Lexington State KY Zip Code 40515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87417225636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Augustine, Luke C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87417425636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Benson, Katherine A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 Nobb Hill Dr  
 City Hudsonville State MI Zip Code 49426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Nuclr Pharmacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87417525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 176
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Callicott, Carroll B, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8050 Lesia Drive  
 City Denham Springs State LA Zip Code 70706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Nuclear Pharmacy - Area  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87417825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Lukacs, Joseph E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Village Grove Rd  
 City Little Rock State AR Zip Code 72211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Nuclear Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87418125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Mullen, Marc B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 Sherborne Lane  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, GM.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87418525636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 88.00  
**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 165 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Boudreaux, Wayne J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7328 Trade Court  
 City Bradenton State FL Zip Code 34212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Nuclear Pharm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87418825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Rothman, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Seminole Way  
 City Short Hills State NJ Zip Code 07078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Exec, Territory Sale  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87418925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Chenetski, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5734 Ennishannon Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, QRA Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87419625636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Russo, Alfredo S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Manchester Court  
 City Columbus State NJ Zip Code 08022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Regulatory\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87420125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Orensten, David K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2341 Bryden Road  
 City Bexley State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Asst Gen Csl, Litig  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87420225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Armino, Rogelio A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2908 Clearpoint Dr  
 City Flower Mound State TX Zip Code 75022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Master Black Belt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87420425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Daufenbach, Eleanor M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2029 W. Lane Avenue  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Mrktg Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87420525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Morrison, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) EVP, Customer Support Services,  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87420625636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Quintero, Gilberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6650 Brodie Blvd  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, QRA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87421225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 176
<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 AKA Cardinal Health Companies PAC**

**A. Hatch, Colin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 Noe Bixby Road  
 City Columbus State OH Zip Code 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87421525636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Cheramie, Lane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Mgr, Pharm Ops Proj Mgmt-P Sol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87421625636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Helmreich, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6600 Deeside Dr.  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Market Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87421725636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Ledbetter, Jeffrey P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Ridpath Road  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Cnslt, Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87422325636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Zaluzney, Michelle M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15435 Eagle Tavern Lane  
 City Centreville State VA Zip Code 20120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Vice Pres, Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87422425636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Fitzgerald, Meghan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Morgan  
 City Norwalk State CT Zip Code 06851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87422825636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00  
**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 170 OF 176
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Aragon, Marsha L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27126 Highlands Ln  
 City Valencia State CA Zip Code 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Operations\_Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87422925636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Movens, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 678 Woodland Bayou Drive  
 City Santa Rosa Beach State FL Zip Code 32459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, GM ParMed Pharmaceutical  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87423125636**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Gregory, Ramon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9003 Mediterra Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) SVP, Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87423925636**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 171 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Padgitt, Laura A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8289 Wildflower Dr.  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR87424225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Mock, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5440 York Lane North  
 City Columbus State OH Zip Code 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Supplier Diversity  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR93409225636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Wilson, Kelly B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 Cardinal Place  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Talent Managemnt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR93689225636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.00  
**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 172 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Cherry, Jyothirmayi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5136 Abbotsbury Court  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Fin Plng & Anlysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR93938825636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. Zamora, Eusebio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9450 Tartan Ridge Blvd  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharm Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR94090025636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Casey, Donald M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7708 Tillinghast Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) CEO, Medical Segment  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR94134325636**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 176
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

**A. Latshaw, Shauna M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10316 Hoover Woods Rd  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR99505125636**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Deuschendorf, Alan L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8243 Worley Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) VP, Deployment Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR99505225636**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Raynak, Sean C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Mallard Drive  
 City Monroeville State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARDINAL HEALTH, INC Occupation (for Individual) Dir, Pharm Ops Mgmt - Non-rph  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : PR99563125636**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	14926.12

**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"/> 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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**Walden, Greg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C C00333427

**Transaction ID : 10125585**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Turner**

Mailing Address 617 E. Custis Ave.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**Turner, Michael, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: OH District: 10

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C C00373001

**Transaction ID : 10125586**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. VINE PAC**

Mailing Address C/O Yuichi Miyamoto  
413 New Jersey Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**VINE PAC**

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

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C C00378695

**Transaction ID : 10125587**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 AKA Cardinal Health Companies PAC**

**A. Collins for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Gula Graham  
499 S. Capitol St., SW, Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Direct Contribution

Candidate Name  
**Collins, Christopher, , Rep.,**

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

State: NY District: 27

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C00520379  
Transaction ID : 10125588  
Amount of Each Disbursement this Period: 2000.00  
Direct Contribution  
 Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00

**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"/> 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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. One Commonwealth PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address PO Box 1753		FEC Identification Number C [REDACTED] <b>Transaction ID : 10125584</b>
City Richmond	State VA	Zip Code 23218
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Herring, Mark, , ,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Team Burke</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address Attn: Michael Rose, Treasurer 275 W. 4th St.		FEC Identification Number C [REDACTED] <b>Transaction ID : 10138269</b>
City Marysville	State OH	Zip Code 43040
Purpose of Disbursement Stop Payment - Team Burke		Amount of Each Disbursement this Period -2500.00
Candidate Name <b>Burke, Dave, , OH Sen.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Team Burke</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address Attn: Michael Rose, Treasurer 275 W. 4th St.		FEC Identification Number C [REDACTED] <b>Transaction ID : 10138701</b>
City Marysville	State OH	Zip Code 43040
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Burke, Dave, , OH Sen.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00