

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		217293.89
(b) Cash on Hand at Beginning of Reporting Period.....	199385.76	
(c) Total Receipts (from Line 19)	23594.96	151729.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	222980.72	369023.72
7. Total Disbursements (from Line 31).....	37000.00	183043.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	185980.72	185980.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20248.29	80994.87
(ii) Unitemized	3304.94	70468.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23553.23	151463.73
(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)	23553.23	151463.73
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.).....	41.73	266.10
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))..... ▶	23594.96	151729.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23594.96	151729.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	129000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	54043.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37000.00	183043.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	183043.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23553.23	151463.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23553.23	151463.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. PAUL R LEODLER		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR7800613856
Mailing Address 7001 SEAVIEW AVE NW SUITE 150-17		Amount of Each Receipt this Period 38.00
City SEATTLE	State WA	Zip Code 98117
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PHYSICAL SECURI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. BONNIE B B BARFIELD		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8737733856
Mailing Address 1310 DOBSON DRIVE		Amount of Each Receipt this Period 38.00
City WAXHAW	State NC	Zip Code 28173
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ACCOUNT MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBERT F F GLOVER		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8737743856
Mailing Address 5633 N KOSTNER AVENUE		Amount of Each Receipt this Period 50.00
City CHICAGO	State IL	Zip Code 60646
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 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 7 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS E E HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 54 BROOKSIDE LN
City LEMONT State IL Zip Code 60439
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8737753856
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$25.00 Bi-Weekly)

B. TONY SZADO
Full Name (Last, First, Middle Initial)
Mailing Address 5342 S LEWISTON CT
City CENTENNIAL State CO Zip Code 80015
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8737763856
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. MARK R OVERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 900 WYNDHAM HILL CT
City SOUTHLAKE State TX Zip Code 76092
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.13**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8737773856
Amount of Each Receipt this Period **38.02**
P/R Deduction (\$19.01 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **126.02**
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 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LINDA S LOCKYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 NOE STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737783856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RONALD A A DEDELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1080 BIG WATER POINT
 City GREENSBORO State GA Zip Code 30642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737803856
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. LOIS A BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2934 CENTRAL ST #3E
 City EVANSTON State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737813856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ANTHONY A A HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10208 HOLLYBROOK DR
 City CHARLOTTE State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737843856
 Amount of Each Receipt this Period 33.52
 P/R Deduction (\$16.76 Bi-Weekly)

B. ADRIANA AYALA
 Full Name (Last, First, Middle Initial)
 Mailing Address 11016 SW 77 CT CIR
 City PINECREST State FL Zip Code 33156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737853856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. ANTHONY J J CAPRIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 COTTAGE LANE
 City MARLBORO State NJ Zip Code 07746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737933856
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	273.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. KATHY S POPEJOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11127 W 59TH AVE
 City ARVADA State CO Zip Code 80004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737943856
 Amount of Each Receipt this Period 50.42
 P/R Deduction (\$25.21 Bi-Weekly)

B. MARYJANE E TEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6315 DUFFY ROAD
 City DELAWARE State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737953856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$-38.00 Bi-Weekly)

C. FREDERICK D CK D NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7303 DEACON COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8737963856
 Amount of Each Receipt this Period 81.20
 P/R Deduction (\$40.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	207.62
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3600 GEORGE PIERCE

City SUWANEE State GA Zip Code 30024

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR8737993856

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 9165 TERRAZZA N CRT

City DUBLIN State OH Zip Code 43016

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

Name of Employer Occupation
 CARDINAL HEALTH, INC PRESIDENT, CATEGORY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR8738003856

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
C. DOUGLAS J J KATZ

Mailing Address 20 MCCUE RD

City MORGANVILLE State NJ Zip Code 07751

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR8738023856

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **176.00**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 110
(check only one)

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

A. ELIZABETH R TH R CARNES
Full Name (Last, First, Middle Initial)
Mailing Address 4830 BROOKSVIEW CIR
City NEW ALBANY State OH Zip Code 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738033856
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. HARRY T VAIL
Full Name (Last, First, Middle Initial)
Mailing Address 2693 FOX RIVER LN
City NAPERVILLE State IL Zip Code 60565
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT (PR)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738043856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. JAMES A WHIDDEN
Full Name (Last, First, Middle Initial)
Mailing Address 10 CHERRY LANE
City CHESTER State NY Zip Code 10918
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, QRA MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738103856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT M M RANDKLEV
 Full Name (Last, First, Middle Initial)
 Mailing Address 4708 MEANDERING WAY
 City COLLEYVILLE State TX Zip Code 76034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, SOUTHWEST RE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738113856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. GEOFFREY Y Y Y MCMAHON
 Full Name (Last, First, Middle Initial)
 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 CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738123856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. BENJAMIN T N T THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2029 LEWIS CROSSING COURT
 City KELLER State TX Zip Code 76248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738143856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 14 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL A A LYNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 E ROSEMARY
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CONSULTING SR EXECUT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738173856
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. LOUIS A MAYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 WHITTIER RD
 City MARBLEHEAD State MA Zip Code 01945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, NORTHEAST RE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738183856
 Amount of Each Receipt this Period
 32.00
 P/R Deduction (\$16.00 Bi-Weekly)

C. LAUREL BEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 EAGLE TRL
 City OXFORD State MI Zip Code 48371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES TRAINING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738203856
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 466.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DAVID A GOLDSBERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 ST ANDREWS LN
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738213856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DANIEL L L SWANBERG
 Full Name (Last, First, Middle Initial)
 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 CARDINAL HEALTH, INC Occupation DIR, ENGINEERING MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738223856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. MICHAEL L L GROESBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 33916 N SUMMERFIELDS DR
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738233856
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	194.00
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 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DEBRA L SCHOTZ		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8738273856
Mailing Address 2351 THORNWOOD AVENUE		Amount of Each Receipt this Period 100.00
City WILMETTE	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM PATIENT CARE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. GREGG A BREWSTER		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8738283856
Mailing Address 3710 FENCELINE ROAD		Amount of Each Receipt this Period 38.00
City FRANKSVILLE	State WI	Zip Code 53126
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. STEVEN B B MERKIN		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8738293856
Mailing Address 1481 COUNTRY LN		Amount of Each Receipt this Period 80.00
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	218.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FRANK E RIDGWAY
Full Name (Last, First, Middle Initial)
Mailing Address 11513 TOTTENHAM PL
City RICHMOND State VA Zip Code 23233
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt: 06 / 30 / 2012
Transaction ID : PR8738323856
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. CINDY ROSER
Full Name (Last, First, Middle Initial)
Mailing Address 5090 PK BROOKE WKWY
City ALPHARETTA State GA Zip Code 30022
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: SVP/GM, SOUTHEAST RE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt: 06 / 30 / 2012
Transaction ID : PR8738333856
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. GREG W STORM
Full Name (Last, First, Middle Initial)
Mailing Address 4823 HOMESPUN DR.
City FAYETTEVILLE State AR Zip Code 72704
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: EXEC, SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **285.84**

Date of Receipt: 06 / 30 / 2012
Transaction ID : PR8738343856
Amount of Each Receipt this Period: 43.11
P/R Deduction (\$15.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **183.11**
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 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. STEPHEN A A INACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 S RIDGE ROAD
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, MEDICAL CHANNE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 492.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738353856
 Amount of Each Receipt this Period 75.76
 P/R Deduction (\$37.88 Bi-Weekly)

B. WILFRIDO M O M SOSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 LIVE OAK
 City EL PASO State TX Zip Code 79932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738413856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. SUSAN J JACOBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 NEWTON AVENUE
 City PARK RIDGE State IL Zip Code 60068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738453856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	189.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROBERT B B HOBGOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 COBBLESTONE DR
 City CHAPEL HILL State NC Zip Code 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738463856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. EVELYN LONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 HAWKS RIDGE DR
 City LAKELAND State FL Zip Code 33810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738483856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. KATE C SPIRKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6812 SPRUCE PINE DR
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738513856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 420 WAKEFIELD BLUFF COURT

City	State	Zip Code
ALPHARETTA	GA	30004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8738533856

Amount of Each Receipt this Period

38.00

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

B. CHARLES L L COBB
Full Name (Last, First, Middle Initial)

Mailing Address 792 ELDORADO DR.

City	State	Zip Code
SUPERIOR	CO	80027

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8738543856

Amount of Each Receipt this Period

76.00

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

C. STACY SEPTER
Full Name (Last, First, Middle Initial)

Mailing Address 18 MILLER DRIVE

City	State	Zip Code
SYLACAUGA	AL	35151

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

Name of Employer	Occupation
CARDINAL HEALTH, INC	EXEC, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8738563856

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ENRIQUE L L SANABRIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 ROSEDALE BROOK CT
 City THE WOODLANDS State TX Zip Code 77381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738583856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAMES H HORNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 ISLAND COVE ROAD
 City FORT MILL State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738593856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. PAUL S POGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1174 GREERS LANDING DR
 City HERNANDO State MS Zip Code 38632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738603856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 22 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BRENDA G G BARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 ALTA VISTA DR
 City CHATTANOOGA State TN Zip Code 37411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738613856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DANNY W PENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 N LAKE AVE
 City THIRD LAKE State IL Zip Code 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PACKAGING ENGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738643856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JAY C GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1472 MILL RACE
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738653856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 23 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MARK MISPLAY
 Mailing Address 1811 WINDY HILL LANE
 City State Zip Code
 PROSPER TX 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, DIRECT SALES MG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738663856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CURTIS L L WILENS
 Mailing Address 1347 COVENTRY LN
 City State Zip Code
 NORTHBROOK IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MARKETING RESEA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738683856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. TAYLOR H H SMITH
 Mailing Address 1141 OLD COLONY RD
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, GM SURGICAL PRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738693856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN E GRISDALE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2012 Transaction ID : PR8738743856
Mailing Address 7135 FODOR		Amount of Each Receipt this Period 40.00
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SCOTT A DONNELLY		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2012 Transaction ID : PR8738753856
Mailing Address 12195 ANDREWS DRIVE		Amount of Each Receipt this Period 40.00
City PLAIN CITY	State OH	Zip Code 43064
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBERT MOULTON		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2012 Transaction ID : PR8738763856
Mailing Address 7017 VIOLET VEIL		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	118.00
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 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOSEPH L L BOURQUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 BUSH HILL RD
 City IPSWICH State MA Zip Code 01938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738773856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. STEPHEN REARDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9098 MEDITERRA PLACE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, QRA MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738783856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. PAUL G FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 ONONDEGA RD
 City NARRAGANSETT State RI Zip Code 02882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738803856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. EDWARD SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 BERNON DRIVE
 City LINCOLN State RI Zip Code 02865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738813856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DANIEL BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 21614 CANYON FOREST CT
 City KATY State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738823856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. PATRICK J J ECKHERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4509 HUNTER LAKE DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC SOURC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738833856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RENE BLOCH		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8738843856
Mailing Address 401 SPRING DRIVE		Amount of Each Receipt this Period 76.00
City YORKTOWN HEIGHTS	State NY	Zip Code 10598
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) B. ANNLEA C C RUMFOLA		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8738853856
Mailing Address 8314 DAVINGTON DR		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, APP DESIGN & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) C. JOHN A FIACCO		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8738863856
Mailing Address 124 FOX HAVEN DRIVE		Amount of Each Receipt this Period 76.00
City O'FALLON	State MO	Zip Code 63368
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS MGMT -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MICHAEL D D SYNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 31772 FAIRWAY DR N
 City FORISTELL State MO Zip Code 63348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738883856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ERIC D SUTHERLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 6433 TULIPWOOD LANE
 City JAMESVILLE State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738903856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ANDRE D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2514 BLUE WATER BAY DR
 City KATY State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8738933856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. TED L DIBIASE
Full Name (Last, First, Middle Initial)

Mailing Address 4954 ROSEGATE COURT

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ORG HEALTH & LAB

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **795.60**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8738943856

Amount of Each Receipt this Period **122.40**

P/R Deduction (\$61.20 Bi-Weekly)

B. SCOTT J VON GLAHN
Full Name (Last, First, Middle Initial)

Mailing Address 6975 DELMAR BLVD

City UNIVERSITY CITY State MO Zip Code 63130

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8738953856

Amount of Each Receipt this Period **38.00**

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

C. JOSHUA T T GAINES
Full Name (Last, First, Middle Initial)

Mailing Address 5721 CLOVER LANE

City WESTERVILLE State OH Zip Code 43081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **377.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8738963856

Amount of Each Receipt this Period **58.00**

P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **218.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 275 EAST CENTER ST

City SHAVERTOWN State PA Zip Code 18708

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.39

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738983856

Amount of Each Receipt this Period 40.06

P/R Deduction (\$20.03 Bi-Weekly)

B. CHARLES AQUILINA
Full Name (Last, First, Middle Initial)

Mailing Address 4871 NORMANDY DRIVE

City GALENA State OH Zip Code 43021

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8738993856

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77469

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 899.99

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8739033856

Amount of Each Receipt this Period 138.46

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT S S SUMMERS		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 146 CHASELY CIRCLE		Transaction ID : PR8739053856
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.70
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT	P/R Deduction (\$30.35 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.55	

Full Name (Last, First, Middle Initial) B. NATASHA C C NICOL		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 35 RED TAIL HAWK LOOP		Transaction ID : PR8739063856
City PAWLEYS ISLAND	State SC	Zip Code 29585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CLINICAL SPEC -	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 ▼ 247.00	

Full Name (Last, First, Middle Initial) C. SEAN M MCCAFFREY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1020 BUCK RUN RD		Transaction ID : PR8739073856
City SOUTHPOINTE	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer CARDINAL HEALTH, INC	Occupation VP, OPERATIONS MGMT	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 ▼ 494.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DEBORAH E E WOLIN
Full Name (Last, First, Middle Initial)

Mailing Address 44 LAKE MIST DRIVE

City SUGAR LAND State TX Zip Code 77479

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR8739083856

Amount of Each Receipt this Period 40.00

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

B. STEVEN J J CALLISON
Full Name (Last, First, Middle Initial)

Mailing Address 1368 LINCOLN ROAD

City COLUMBUS State OH Zip Code 43212

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR8739093856

Amount of Each Receipt this Period 36.70

P/R Deduction (\$18.35 Bi-Weekly)

C. SUSAN C JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 260 JENKINS ROAD

City LEBANON State TN Zip Code 37087

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR8739123856

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JOHN O GINN
Full Name (Last, First, Middle Initial)

Mailing Address 10120 TAN RARA DRIVE

City KNOXVILLE State TN Zip Code 37922

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8739163856

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3204 STONEBRIDGE TR

City VALRICO State FL Zip Code 33596

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8739173856

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3810 LOCH GLEN CT

City HOUSTON State TX Zip Code 77059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.08

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8739193856

Amount of Each Receipt this Period 72.32

P/R Deduction (\$36.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RICHARD F F COLLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 21ST AVE CT SE
 City PUYALLUP State WA Zip Code 98372-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739203856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES L SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9318 PRATOLINA VILLA DRIVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, NATIONAL MARKET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739223856
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. BRADLEY G G COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2589 AIKIN CIRCLE S
 City LEWIS CENTER State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739243856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	214.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. WILLIAM OWAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7558 HEATHERWOOD LN
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, OPERATIONAL EXC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1303.90

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8739253856
 Amount of Each Receipt this Period 200.60
 P/R Deduction (\$100.30 Bi-Weekly)

B. CHRISTOPHER PHER ATZBACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 524 GARDEN DRIVE
 City MARYSVILLE State OH Zip Code 43040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, GENERAL ACCTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8739283856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. LISA A STILLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5833 WHITECRAIGS CT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8739293856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. JEFFREY B B BRANNON
Full Name (Last, First, Middle Initial)

Mailing Address 3965 CLEARLAKE CIRCL

City ZANESVILLE State OH Zip Code 43701

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8739303856

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 6851 KILLILEA DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8739313856

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 8969 SUNNINGDALE LANE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8739323856

Amount of Each Receipt this Period **38.00**

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

SUBTOTAL of Receipts This Page (optional)..... **188.00**

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

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

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

FOR LINE NUMBER: PAGE 37 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. TRACY K GODFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3684 BROADLEAF AVE
 City ELGIN State IL Zip Code 60124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC PRICI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739333856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MARK D ZAWADZKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5991 KITCHEN CT
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739343856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. MARGARET M T M LAVALLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9410 CULROSS CT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739353856
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOSEPH S S HODGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 GNARLED PINE DRIVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739363856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL C C KAUFMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7160 TEMPERANCE POINT ST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739383856
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. GREGORY BOGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7746 POLO LANE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739393856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	460.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9287 WINDY CREEK DR

City COLUMBUS	State OH	Zip Code 43240
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8739403856

Amount of Each Receipt this Period

40.00

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

B. AMY P SNOW
Full Name (Last, First, Middle Initial)

Mailing Address 5760 WHITECRAIGS CT

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8739413856

Amount of Each Receipt this Period

38.00

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

C. PETER A STOY
Full Name (Last, First, Middle Initial)

Mailing Address 1955 ENCLAVE DRIVE

City MT PLEASANT	State SC	Zip Code 29464
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8739423856

Amount of Each Receipt this Period

76.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LAURA L SMITH		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739463856
Mailing Address 5828 IVY BRANCH DR		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, SALES OPERATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KEVIN M KANNALLY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739473856
Mailing Address 14529 ROBINSON RD		Amount of Each Receipt this Period 76.00
City PLAIN CITY	State OH	Zip Code 43064
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DANA R THACKER		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739483856
Mailing Address 2934 GRIFFIN DR		Amount of Each Receipt this Period 38.00
City LEWIS CENTER	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, APP DESIGN & DE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 41 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES P COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 69259 LEE ROAD
 City ST CLAIRSVILLE State OH Zip Code 43950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739493856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL P P KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4783 VISTA RIDGE DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1303.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739503856
 Amount of Each Receipt this Period 200.60
 P/R Deduction (\$100.30 Bi-Weekly)

C. CYNTHIA S S RHOMBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9379 REDAN COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739533856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 42 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CAROLYN E E GRANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6869 MEADOW GLEN DR
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739543856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. KRISTINA J A J KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3940 VILLAGE CLUB DRIVE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739553856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. AARON L PITTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5014 CLOSEBURN CT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739573856
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TROY L HANSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739583856
Mailing Address 5622 DORSEY DRIVE		Amount of Each Receipt this Period 90.68
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CARDINAL HEALTH, INC DIR, MKTG & PRODUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 589.42	
		P/R Deduction (\$45.34 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. PATRICK A A SELLS		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739613856
Mailing Address 4077 PIONEER COURT		Amount of Each Receipt this Period 38.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CARDINAL HEALTH, INC DIR, HR BUSINESS PAR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CASSANDRA E RA E BAKER		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739643856
Mailing Address 1751 BARRINGTON RD		Amount of Each Receipt this Period 129.10
City UPPER ARLINGTON	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CARDINAL HEALTH, INC VP, GOV'T RELATIONS M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 839.15	
		P/R Deduction (\$64.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	257.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2761 SKELTON LN

City BLACKLICK State OH Zip Code 43004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **387.66**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8739663856

Amount of Each Receipt this Period **59.64**

P/R Deduction (\$33.65 Bi-Weekly)

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

Mailing Address 2175 LANE RD

City COLUMBUS State OH Zip Code 43220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8739683856

Amount of Each Receipt this Period **200.00**

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

C. CAROLE S S WATKINS
Full Name (Last, First, Middle Initial)

Mailing Address 1967 WOODLANDS PLACE

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF HUMAN RESOURCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8739723856

Amount of Each Receipt this Period **384.60**

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

SUBTOTAL of Receipts This Page (optional)..... **644.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JON GIACOMIN
Full Name (Last, First, Middle Initial)
Mailing Address 6792 INGALLS CT
City GALENA State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EVP, OPERATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **975.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739743856
Amount of Each Receipt this Period **150.00**
P/R Deduction (\$75.00 Bi-Weekly)

B. DALE A HILL
Full Name (Last, First, Middle Initial)
Mailing Address 5931 HERITAGE FARMS DR
City HILLIARD State OH Zip Code 43026
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM STRAT SOU
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739753856
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. ANNE F MCCLUSKEY
Full Name (Last, First, Middle Initial)
Mailing Address 10910 E SAN TAN BLVD
City SUN LAKES State AZ Zip Code 85248
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739763856
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL WOHLFEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 CALEDONIA LANE
 City State Zip Code
 CRYSTAL LAKE IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, ACCOUNT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739773856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ROBERT GIACALONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7471 BALFOURE CIRCLE
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, REG AFFAIRS/CHF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739783856
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. PAMELA S S HOLOHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 E WASHINGTON ST
 City State Zip Code
 GARDNER IL 60424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC, ACCOUNT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739793856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DEBRA A FLUNO
Full Name (Last, First, Middle Initial)

Mailing Address 622 SUNNYSIDE AVE

City GURNEE State IL Zip Code 60031

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739803856

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address 3103 SADDLE RIDGE

City RICHMOND State TX Zip Code 77406

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739823856

Amount of Each Receipt this Period
 76.00

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

C. JACQUELINE A INE A GLEASON
Full Name (Last, First, Middle Initial)

Mailing Address N 7896 VALLEY VIEW RD

City NEW GLARUS State WI Zip Code 53574

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739873856

Amount of Each Receipt this Period
 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ANTHONY D D WOO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6151 HADDO WAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORP DEVEL, FIN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739883856
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. TERESA M M JANZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2431 N. 84TH STREET
 City WAUWATOSA State WI Zip Code 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739893856
 Amount of Each Receipt this Period **38.00**
 P/R Deduction (\$19.00 Bi-Weekly)

C. KATHRYN J J ABLEIDINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 ASHBURY CT
 City HUDSON State WI Zip Code 54016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **494.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739903856
 Amount of Each Receipt this Period **76.00**
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DANIEL R R ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8124 CROOKED OAKS CT
 City GAINESVILLE State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARMACY OPERATI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739913856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. STEVE M LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4868 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739923856
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GORDON A A CRAWFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 RICHARDS RD.
 City UTICA State OH Zip Code 43080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT PROG/PROJ MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8739933856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID LAWRENCE		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739943856
Mailing Address 326 VINWOOD LANE		Amount of Each Receipt this Period 100.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGIC PLNG/E
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MARK E ROSENBAUM		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739953856
Mailing Address 632 CHEOWA CIRCLE		Amount of Each Receipt this Period 384.60
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF CUSTOMER OFFIC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. STUART MARTIN		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8739973856
Mailing Address 9711 CONCORD RIDGE		Amount of Each Receipt this Period 38.00
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LAWRENCE E MALHAM
Full Name (Last, First, Middle Initial)
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 CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8739983856
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. THEOTIS WILSON
Full Name (Last, First, Middle Initial)
Mailing Address 14607 VILLALONGA LN
City CHARLOTTE State NC Zip Code 28277
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8740023856
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. DAVID E GAJESKI
Full Name (Last, First, Middle Initial)
Mailing Address 352 DORADO BEACH EAST
City DORADO State PR Zip Code 00646
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **494.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8740033856
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 52 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL E E COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1539 HIGHWAY 135
 City RAYVILLE State LA Zip Code 71269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740073856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KENDELL F F SHERRER
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 SOUTH PARKVIEW AVENUE SUITE 305
 City BEXLEY State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.43

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740083856
 Amount of Each Receipt this Period 40.22
 P/R Deduction (\$20.11 Bi-Weekly)

C. GARY B ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6146 BALMORAL DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, MIDWEST REGI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740093856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.22
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7170 KINGSCOTE CT.

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740103856

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 3418 BIG HICKORY DR.

City KINGWOOD State TX Zip Code 77345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740133856

Amount of Each Receipt this Period 50.00

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

C. TINA M STAVINOHA
Full Name (Last, First, Middle Initial)

Mailing Address 125 ARROW ROAD

City EAGLE LAKE State TX Zip Code 77434

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740143856

Amount of Each Receipt this Period 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CONNIE WOODBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9761 ERIN WOODS DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PROF & GOVT REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740153856
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

B. ROBBIE D D JORGENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 578 MORTS DRIVE
 City WENTZVILLE State MO Zip Code 63385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740163856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. BRIAN WORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5654 ROTHESAY DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740193856
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 396.00
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 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID S OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 12211 CLEARFORK DR

City HOUSTON State TX Zip Code 77077

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

Name of Employer: CARDINAL HEALTH, INC
Occupation: DIR, PHARMACY OPERAT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 06 / 30 / 2012
Transaction ID : PR8740233856

Amount of Each Receipt this Period: 38.00

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

B. ERIC C CHRISTENSEN
Full Name (Last, First, Middle Initial)

Mailing Address 2481 SUTTER PARKWAY

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2012
Transaction ID : PR8740243856

Amount of Each Receipt this Period: 50.00

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

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

Mailing Address 0836 SW CURRY ST # 102

City PORTLAND State OR Zip Code 97239

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 06 / 30 / 2012
Transaction ID : PR8740273856

Amount of Each Receipt this Period: 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROBERT G G MURPHY
Full Name (Last, First, Middle Initial)
Mailing Address 10201 SYLVIAN DR
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740283856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID M ELLIS
Full Name (Last, First, Middle Initial)
Mailing Address 4801 THOR WAY
City CARMICHAEL State CA Zip Code 95608
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740293856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. RICHARD J J ROSENFELD
Full Name (Last, First, Middle Initial)
Mailing Address 4827 ROCKWOOD DRIVE
City WAXHAW State NC Zip Code 28173
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740303856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BLAIR R WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 663 LYNNFIELD DR
City WESTERVILLE State OH Zip Code 43081
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, HR MANAGEMENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8740313856
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. ANDREW R R KELLER
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3732
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8740333856
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. SIDNEY P P PHILLIPS
Full Name (Last, First, Middle Initial)
Mailing Address 1285 PLOVER CIR
City PONDER State TX Zip Code 76259
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8740353856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8078 TRAIL LAKE DR

City State Zip Code
POWELL OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8740403856

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 19 OLD FARM ROAD

City State Zip Code
GRANVILLE OH 43023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8740413856

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 6666 MCVEY BLVD

City State Zip Code
WEST WORTHINGTON OH 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.47

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8740423856

Amount of Each Receipt this Period
54.38

P/R Deduction (\$27.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 168.38

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 59 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KEVIN HARRY
Full Name (Last, First, Middle Initial)
Mailing Address 3003 BREEZEWOOD LN
City GALENA State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740453856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. LAUREN E E FIELDS
Full Name (Last, First, Middle Initial)
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 CARDINAL HEALTH, INC Occupation DIR, KNOWLEDGE MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740463856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. MARC D DELORENZO
Full Name (Last, First, Middle Initial)
Mailing Address 231 TILLER DRIVE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740493856
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LINDA L GORDIEN
Full Name (Last, First, Middle Initial)
Mailing Address 2135 TULARE CT
City UPLAND State CA Zip Code 91784
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740513856
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. WILLIAM B B CHRISTIAN
Full Name (Last, First, Middle Initial)
Mailing Address 3325 LITTLEPORT LANE
City ACWORTH State GA Zip Code 30101
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740533856
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. ERIC T BOLLING
Full Name (Last, First, Middle Initial)
Mailing Address 13162 THORNTON DRIVE
City FRISCO State TX Zip Code 75035
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740543856
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARY W BAXTER
Full Name (Last, First, Middle Initial)

Mailing Address 9601 ST REGIS TERR

City RICHMOND State VA Zip Code 23236

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8740553856

Amount of Each Receipt this Period 76.00

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

B. KIMBERLY A Y A ROBINETTE
Full Name (Last, First, Middle Initial)

Mailing Address 9409 AVE MORE CT.

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (SS) MG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8740573856

Amount of Each Receipt this Period 38.00

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

C. PAUL T BUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 66 W BEECHWOLD BLVD

City COLUMBUS State OH Zip Code 43214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8740593856

Amount of Each Receipt this Period 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. CAMERON J J BRADY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8740623856
Mailing Address 744 W. CORNELIA AVE. UNIT #1		Amount of Each Receipt this Period 38.00
City CHICAGO	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, BUS INTEGRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. SCOTT WOLFF		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8740653856
Mailing Address 3446 N CLAREMONT AVE		Amount of Each Receipt this Period 38.00
City CHICAGO	State IL	Zip Code 60618
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONAL EXC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. BRIAN K SINGLETON		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8740663856
Mailing Address 2521 EAST 31ST STREET		Amount of Each Receipt this Period 38.00
City TULSA	State OK	Zip Code 74105
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. JOHN S LINDSEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8740673856
Mailing Address 50 TIMBERKNOLL LOOP		Amount of Each Receipt this Period 76.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, ENTERPRISE INFR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CRAIG C BARANSKI		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8740683856
Mailing Address 12 MASSINA DR		Amount of Each Receipt this Period 38.00
City WHEELING	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JAMES E BACH		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8740693856
Mailing Address 26061 TWIN POND RD		Amount of Each Receipt this Period 76.00
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, INVENTORY MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 7483 BARDSTON DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8740703856

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 1605 BERLIN STATION RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8740713856

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 105 LEE SMITH LANE

City KERNERSVILLE	State NC	Zip Code 27284
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8740743856

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JEFFREY W W HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 MORGAN LN
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC CHIEF FINANCIAL OFFI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740753856
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JOHN J BYRNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 TUCKER DR
 City State Zip Code
 WORTHINGTON OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, TAX TECHNICAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740763856
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. ANDREW GRANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 35941 DARCY STREET
 City State Zip Code
 MURRIETA CA 92562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, TERRITORY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740773856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KENNETH H H ROBINETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9409 AVE MORE CT.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740783856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. JASON D MAXWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 VALLEY ROAD
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, LIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740793856
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. CRAIG E DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15340 GINA LYNN COURT
 City JACKSON State CA Zip Code 95642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740803856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TIMOTHY W W BOWER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 LITTLE FALLS DR
 City State Zip Code
 CENTERVILLE OH 45458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, ACCOUNT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740813856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DONALD S S LUCHINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 LAKESIDE DRIVE
 City State Zip Code
 MCKEES ROCKS PA 15136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, FINANCE (GENERA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740823856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. DENNIS W W BRAUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5667 MEDALLION DR WEST
 City State Zip Code
 WESTERVILLE OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, FINANCE MEDICAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740833856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JEFFREY E E GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 CAMBRIDGE BLVD
 City MARBLE CLIFF State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740863856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. AMELIA D D MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5864 LAKEVIEW DR
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, REGULA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740873856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. BENNY SLEDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8016 W 138TH TERRACE
 City OVERLAND PARK State KS Zip Code 66223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740893856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 141 WOODSTREAM DR

City GRAND ISLAND State NY Zip Code 14072

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8740903856

Amount of Each Receipt this Period **60.00**

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

B. COLLEEN GREINER
Full Name (Last, First, Middle Initial)

Mailing Address 619 GUIDE ROAD

City TABOR CITY State NC Zip Code 28463

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8740913856

Amount of Each Receipt this Period **38.00**

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

C. KATHLEEN N HILLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODSTREAM DR

City GRAND ISLAND State NY Zip Code 14072

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8740923856

Amount of Each Receipt this Period **38.00**

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

SUBTOTAL of Receipts This Page (optional)..... **136.00**

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

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

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

FOR LINE NUMBER: PAGE 70 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GREGORY J J HALVACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7402 OVERLAND TRAIL
 City State Zip Code
 DELAWARE OH 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, CORPORATE SECUR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740943856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL A A MONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 SCENIC CREEK DR
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, QRA MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740953856
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MICHAEL A A DUFFY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6825 MACNEIL DR
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC EVP, GLOBAL MFG & SU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8740963856
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. STANLEY L L NAGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5771 OLDENBURGH WAY
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8740973856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. VANETT MARSHALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5585 PINE CONE CT
 City LIBERTY TOWNSHIP State OH Zip Code 45044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, INSIDE SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741003856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MARTHA HUSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 E. SUNBURST LN
 City TEMPE State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, WEST REGION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741013856
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 214.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LISA MARLING-GEORGE		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741023856
Mailing Address 10502 MACKENZIE WAY		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, TALENT MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DONALD C C GREENWOOD		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741033856
Mailing Address 323 OLD DUNN COURT		Amount of Each Receipt this Period 50.00
City LAKE MARY	State FL	Zip Code 32746
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ANDREW T T ALDERMAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741053856
Mailing Address 1225 LEICESTER PL.		Amount of Each Receipt this Period 76.00
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, STRATEGY & BUS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SHELLEY A A BIRD
Full Name (Last, First, Middle Initial)

Mailing Address 7998 CARAWAY AVE

City DUBLIN State OH Zip Code 43016

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

Name of Employer CARDINAL HEALTH, INC Occupation EVP, PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741063856

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 8338 AMBERLEIGH WAY

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, OP EXCELLENCE DE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741073856

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 905 LITTLE BEAR LOOP

City LEWIS CENTER State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741083856

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RONALD BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 NEWALBANYLINKDR
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741093856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ISMAEL VILLARREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7302 EMERALD GLEN DR
 City SUGAR LAND State TX Zip Code 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741103856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. DAVID R DION
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 N FLORA PARKWAY
 City ADDISON State IL Zip Code 60101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, QUALITY ASSURAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8741113856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. SCOTT CLAUS		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741123856
Mailing Address 8413 LYLWOOD COURT		Amount of Each Receipt this Period 38.00
City CHESTERFIELD	State VA	Zip Code 23838
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TRANSPORTATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DAVID A GONZALES		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741133856
Mailing Address 384 COLORADO DRIVE		Amount of Each Receipt this Period 100.00
City CEDAR CREEK	State TX	Zip Code 78612
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR , GOVERNMENT REL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MAUREEN GIRARD		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741143856
Mailing Address 130 N GARLAND		Amount of Each Receipt this Period 38.00
City CHICAGO	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ELIZABETH M TH M KRENZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 343 MILFORD DR
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, MANUFACTURING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741153856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JESSICA L L MAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4852 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BUS MGMT (ATTY)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741173856
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. DENTON F F HEWITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1527 BERKSHIRE ROAD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMPENSATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741183856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STUART G G LAWS
Full Name (Last, First, Middle Initial)

Mailing Address 5635 CYPRESS COURT

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, CHIEF ACCOUNTIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8741203856

Amount of Each Receipt this Period
38.00

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

B. BONNY FOWLER
Full Name (Last, First, Middle Initial)

Mailing Address 214 CHERRY STREET

City GRANVILLE State OH Zip Code 43023

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMMUNICATION M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8741233856

Amount of Each Receipt this Period
38.00

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

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

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 CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, LAB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : PR8741243856

Amount of Each Receipt this Period
38.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 78 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STEPHEN A A KIEWIET
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 GLENCORSE DR
 City SAINT PETERS State MO Zip Code 63304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741273856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ALAN SMITH
 Full Name (Last, First, Middle Initial)
 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 Occupation
 CARDINAL HEALTH, INC DIR, QUALITY ASSURAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741283856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. RONALD T T FANNING
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 WILSHIRE BLVD
 City LIBERTY State MO Zip Code 64068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741293856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SANJEETH H PAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 367 CEDAR TRACE
 City XENIA State OH Zip Code 45385-9392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741353856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. CHRISTINE L NE L BENTLEY
 Full Name (Last, First, Middle Initial)
 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 CARDINAL HEALTH, INC Occupation DIR, EXEC CNSLT, SCI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741363856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. KEVIN L MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 CATALINA COURT
 City MACON State MO Zip Code 63552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741383856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOSEPH A A GOTTRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 874 AYLESBURY DRIVE
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, PHARMACEUTICAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741393856
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JEFFREY A A CRIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 14177 PERFECT RD.
 City State Zip Code
 SUNBURY OH 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, APP DESIGN & DE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741423856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JOHN C RADEMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5006 ROSALIND LANE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC PRESIDENT, NUCLEAR &
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741483856
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	278.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DIANNE RADIGAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741513856
Mailing Address 900 EASTCHESTER DR		Amount of Each Receipt this Period 76.00
City GAHANNA	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, COMMUNITY RELAT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SALLY CURLEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741523856
Mailing Address 9035 ESIN COURT		Amount of Each Receipt this Period 150.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, INVESTOR RELATI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GEORGE S S BARRETT		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741533856
Mailing Address 1038 MILL RD CIRCLE		Amount of Each Receipt this Period 384.60
City RYDAL	State PA	Zip Code 19046
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHAIRMAN/CEO, CARDIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	610.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4367 HICKORY ROCK DR

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8741583856

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code
WESTERVILLE OH 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8741593856

Amount of Each Receipt this Period
384.60

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

C. BRIAN E DILBONE
Full Name (Last, First, Middle Initial)

Mailing Address 368 ROCKY SPRINGS

City State Zip Code
BLACKLICK OH 43004

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, APPDSGN/DEV SAP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR8741603856

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TOHID A VAHEDIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1857 COLLINGSWOOD RD
 City COLUMBUS State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM MED SVCS & S
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8741633856
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$25.00 Bi-Weekly)

B. MICHAEL J J MANGIONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 JONES ROAD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8741643856
 Amount of Each Receipt this Period **38.00**
 P/R Deduction (\$19.00 Bi-Weekly)

C. ERIC J PERLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 15426 COURT AMBER TL
 City CYPRESS State TX Zip Code 77433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8741653856
 Amount of Each Receipt this Period **38.00**
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 84 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOEL M BARCZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 COUNTRY WALK DR
 City State Zip Code
 FLEMING ISLAND FL 32003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741673856
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. PETER J BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 ABBEY CHASE COURT
 City State Zip Code
 HILLIARD OH 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SALES OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741683856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. WALTER WEIDEMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 KIRKCALDY DR
 City State Zip Code
 WEST CHESTER PA 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, SALES TRAINING/
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741703856
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SEAN P WATERS
Full Name (Last, First, Middle Initial)

Mailing Address 2621 EAST ARABIAN DRIVE

City GILBERT	State AZ	Zip Code 85296
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CHEM/PHARMA OPS
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741713856

Amount of Each Receipt this Period

38.00

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

B. HENRY M CHILTON
Full Name (Last, First, Middle Initial)

Mailing Address 32 PALISADES PARKWAY

City OAK RIDGE	State TN	Zip Code 37830
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741723856

Amount of Each Receipt this Period

76.00

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

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

Mailing Address 10744 CAMPDEN LAKES BLVD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741733856

Amount of Each Receipt this Period

76.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10834 S 166TH ST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741743856

Amount of Each Receipt this Period

100.00

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

B. KATHERINE A NE A BENSON
Full Name (Last, First, Middle Initial)

Mailing Address 3410 NOBB HILL DR

City HUDSONVILLE	State MI	Zip Code 49426
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, NUCLEAR PHARMAC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741753856

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 30 WILLOWBROOK RD

City WEST HARTFORD	State CT	Zip Code 06107-1638
-----------------------	-------------	------------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, NUCLEAR PHARMAC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741763856

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. BENSON P P YANG
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 LAKESIDE DRIVE
 City CORTE MADERA State CA Zip Code 94925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741773856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. CARROLL B B CALLICOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3139 SUMMERLIN DRIVE
 City BELDEN State MS Zip Code 38826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741783856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JOSEPH E E LUKACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 VILLAGE GROVE RD
 City LITTLE ROCK State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8741813856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JACK L COFFEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741823856
Mailing Address 200 BAY SHORE DRIVE		Amount of Each Receipt this Period 100.00
City ROCKWOOD	State TN	Zip Code 37854
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, QRA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. DAO V PHO		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741833856
Mailing Address 5827 STONECREST DR.		Amount of Each Receipt this Period 38.00
City AGOURA HILLS	State CA	Zip Code 91301
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. JAMES FRIES		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741843856
Mailing Address 138 NEW CUT ROAD		Amount of Each Receipt this Period 38.00
City WINDER	State GA	Zip Code 30680
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, DIRECT SALES MG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 1650 SHERBORNE LANE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM PRESOURCE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741853856

Amount of Each Receipt this Period

100.00

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

B. IHSIEN S S LIN
Full Name (Last, First, Middle Initial)

Mailing Address 7664 MILL SPRINGS DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741863856

Amount of Each Receipt this Period

38.00

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

C. WAYNE J BOUDREAUX
Full Name (Last, First, Middle Initial)

Mailing Address 405 PETREL TRAIL

City BRADENTON	State FL	Zip Code 34212
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, NUCLEAR PHARMAC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8741883856

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. CRAIG ROTHMAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741893856
Mailing Address 42 SEMINOLE WAY		Amount of Each Receipt this Period 38.00
City SHORT HILLS	State NJ	Zip Code 07078
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. THOMAS J J RAFFERTY		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741903856
Mailing Address 38 HERITAGE COURT		Amount of Each Receipt this Period 38.00
City DELMONT	State PA	Zip Code 15626
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGIC SOURCI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. MICHAEL A A MARUSA		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8741913856
Mailing Address 38 ALPINE CIRCLE		Amount of Each Receipt this Period 38.00
City SANDY HOOK	State CT	Zip Code 06482
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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

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

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

FOR LINE NUMBER: PAGE 91 OF 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ANITA ANDERSON

Mailing Address 27341 DAKOTA AVE.

City State Zip Code
 ELKO MN 55020

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

Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC, ACCOUNT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : PR8741943856

Amount of Each Receipt this Period
 38.00

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

Full Name (Last, First, Middle Initial)
B. CATHY CHENETSKI

Mailing Address 5734 ENNISHANNON PLACE

City State Zip Code
 DUBLIN OH 43016

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : PR8741963856

Amount of Each Receipt this Period
 38.00

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

Full Name (Last, First, Middle Initial)
C. AKEEM C IMANJONES

Mailing Address 4955 FANCY-FREE LANE

City State Zip Code
 COLUMBUS OH 43231

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

Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, HR BUSINESS PAR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : PR8741973856

Amount of Each Receipt this Period
 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. STANLEY K K HAUGHT		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742003856
Mailing Address 920 LAMBETH DRIVE		Amount of Each Receipt this Period 20.00
City COLUMBUS	State OH	Zip Code 43220
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, APP DESIGN & DE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. ALFREDO S S RUSSO		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742013856
Mailing Address 2490 ALUM CROSSING DRIVE		Amount of Each Receipt this Period 38.00
City LEWIS CENTER	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, REGULATORY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. DAVID K ORENSTEN		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742023856
Mailing Address 3641 DAYSPRING DRIVE		Amount of Each Receipt this Period 38.00
City HILLIARD	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation ASST GEN CSL, LITIGA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

SUBTOTAL of Receipts This Page (optional).....▶	96.00
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 93 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RICHARD W W WATSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742033856
Mailing Address PO BOX 991		Amount of Each Receipt this Period 38.00
City SUMNER	State WA	Zip Code 98390
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. ROGELIO A A ARMINO		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742043856
Mailing Address 6213 BLUFF TRAIL LN		Amount of Each Receipt this Period 38.00
City EL PASO	State TX	Zip Code 79912
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONAL EXC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. ELEANOR M M DAUFENBACH		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742053856
Mailing Address 2029 W. LANE AVENUE		Amount of Each Receipt this Period 38.00
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CLINICAL OPS MG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICIA A MORRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 EAST ERIE #3801
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8742063856
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. MARJORIE E CUMMINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5928 ROUNDSTONE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONAL EXCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8742073856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MARK BLAKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2226 BRYDEN ROAD
 City COLUMBUS State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, STRATEGY & CORP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8742093856
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 560.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. URSULA L L MCNEILL		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742103856
Mailing Address 376 ROBERTS RUN COVE		Amount of Each Receipt this Period 38.00
City SUWANEE	State GA	Zip Code 30024
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HR BUSINESS PAR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DIANE CREAL		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742113856
Mailing Address 2928 BIRCH ROAD		Amount of Each Receipt this Period 38.00
City HOMEWOOD	State IL	Zip Code 60430
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PHARMACY OPERAT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GILBERTO O QUINTERO		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8742123856
Mailing Address 6650 BRODIE BLVD		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, QRA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NANCY CAHILL
Full Name (Last, First, Middle Initial)
Mailing Address 9452 E HERITAGE TRAIL DRIVE

City SCOTTSDALE	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8742133856

Amount of Each Receipt this Period

95.00

19.00

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

B. JAMES BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 923 TIMBER LANE

City LAKE FOREST	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CONCEPTUAL PROD
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8742143856

Amount of Each Receipt this Period

95.00

38.00

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

C. COLIN HATCH
Full Name (Last, First, Middle Initial)
Mailing Address 1351 NOE BIXBY ROAD

City COLUMBUS	State OH	Zip Code 43232
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TAX TECHNICAL
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8742153856

Amount of Each Receipt this Period

95.00

38.00

P/R Deduction (\$19.00 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 97 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LANE CHERAMIE
Full Name (Last, First, Middle Initial)
Mailing Address 152 WEST 117TH STREET
City CUT OFF State LA Zip Code 70345
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, HEALTH SYSTEM P
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **494.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8742163856
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$38.00 Bi-Weekly)

B. DOUGLAS HELMREICH
Full Name (Last, First, Middle Initial)
Mailing Address 6600 DEESIDE DR.
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING RESEA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8742173856
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. JEFFREY SCOTT
Full Name (Last, First, Middle Initial)
Mailing Address 300 W. SPRING STREET #1502
City COLUMBUS State OH Zip Code 43215
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM P4 HEALTHCAR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1303.90**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR8742193856
Amount of Each Receipt this Period **200.60**
P/R Deduction (\$100.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **314.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 301 BRIDLE PATH LANE

City ANNAPOLIS State MD Zip Code 21403

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8742203856

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 1106 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8742213856

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 6119 PEPPERGRASS COURT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR8742223856

Amount of Each Receipt this Period 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JEFFREY P P LEDBETTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 RIDPATH ROAD
 City GROVE CITY State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8742233856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHELLE M E M RETHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 BROMFIELD TRACE
 City CENTREVILLE State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8742243856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. CATHERINE S NE S KENWORTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 SLATE RUN WOODS COURT
 City COLUMBUS State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR8742253856
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 276.00
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 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KAUSHIK GHOSH		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 7691 FINBARR COURT		Transaction ID : PR8742273856
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 6 MORGAN		Transaction ID : PR8742283856
City NORWALK	State CT	Zip Code 06851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CARDINAL HEALTH, INC	Occupation PRES, SPECIALTY SOLU	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 ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MARSHA L L ARAGON		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 29306 DAKOTA DR		Transaction ID : PR8742293856
City VALENCIA	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS 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 ▼ 247.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 987 RETREAT LANE

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, PARMED PHARM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8742313856

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 3328 E PINTAIL WAY

City ELK GROVE State CA Zip Code 95757

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8742323856

Amount of Each Receipt this Period **38.00**

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

C. STEPHEN J J MEDVE
Full Name (Last, First, Middle Initial)

Mailing Address 271 E WHITTIER ST.

City COLUMBUS State OH Zip Code 43206

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

Name of Employer CARDINAL HEALTH, INC Occupation SR RECRUITER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR8742333856

Amount of Each Receipt this Period **38.00**

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

SUBTOTAL of Receipts This Page (optional)..... **176.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MATTHEW G G BAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13602 ASHLEY RUN
 City HOUSTON State TX Zip Code 77077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : PR8742353856
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RICHARD MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2717 QUEEN ELAINE DRIVE
 City LEWISVILLE State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TECHNICAL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : PR8742373856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. GAUTAM S S SHIRHATTIKAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5473A BRIARDALE LANE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 06 / 30 / 2012
Transaction ID : PR8742383856
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RAMON GREGORY
Full Name (Last, First, Middle Initial)

Mailing Address 9003 MEDITERRA PLACE

City DUBLIN	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, CUSTOMER SERVIC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8742393856

Amount of Each Receipt this Period

2012	06	30	2012
50.00			

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

B. NICHOLAS S AUGUSTINOS
Full Name (Last, First, Middle Initial)

Mailing Address 2416 15TH STREET

City SAN FRANCISCO	State CA	Zip Code 94114
-----------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HEALTH INFO & S
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR8742413856

Amount of Each Receipt this Period

2012	06	30	2012
200.00			

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

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

Mailing Address 7167 SPRINGVIEW LN

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FIN PLNG & ANAL
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR9340913856

Amount of Each Receipt this Period

2012	06	30	2012
38.00			

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SHAUN F YOUNG		Date of Receipt
Mailing Address 8415 SUMMERHOUSE DR W		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
DUBLIN	OH	43016
FEC ID number of contributing federal political committee.		Transaction ID : PR9340943856
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	P/R Deduction (\$50.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, MKTG & PRODUCT M	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. KELLY B WILSON		Date of Receipt
Mailing Address 4556 SATTERTON CIRCLE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
DUBLIN	OH	43016
FEC ID number of contributing federal political committee.		Transaction ID : PR9368923856
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, HR BUSINESS PART	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="228.00"/>	

Full Name (Last, First, Middle Initial) C. WILLIAM C C BODINGER		Date of Receipt
Mailing Address 24 BONWIT ROAD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
RYE BROOK	NY	10573
FEC ID number of contributing federal political committee.		Transaction ID : PR9368963856
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	P/R Deduction (\$50.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP, GM KINRAY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="276.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHELLE E GILE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 HANSON PLACE APT 12L
 City State Zip Code
 BROOKLYN NY 11243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR9368973856
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DONALD M CASEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7708 TILLINGHAST DRIVE
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC CEO, MEDICAL SEGMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR9413433856
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

SUBTOTAL of Receipts This Page (optional).....▶	460.60
TOTAL This Period (last page this line number only).....▶	20248.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joe Walsh For Congress Committee, Inc.

Mailing Address 830 W. Route 22 #B56

City Lake Zurich State IL Zip Code 60047

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mr. Joe Walsh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

Transaction ID : 6451838

Amount of Each Disbursement this Period

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

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mr. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	2

Transaction ID : 6454721

Amount of Each Disbursement this Period

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

Direct Contribution

Full Name (Last, First, Middle Initial)

C. HDMA PAC

Mailing Address 901 N. Glebe Rd Ste 1000

City Alexandria State VA Zip Code 22203

Purpose of Disbursement
Direct Contribution

011

Candidate Name

HDMA PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : 6464924

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address P.O. Box 636

City Annadale State VA Zip Code 22003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. James D. Matheson

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2012

Transaction ID : 6464934

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 217 Third St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : 6493441

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Latta for Congress

Mailing Address P.O. Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Robert Latta

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : 6493445

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address 499 S Capitol St SW Ste 42

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 6497854

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Schwartz for Congress

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : 6516853

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2012

Transaction ID : 6528539

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

12000.00

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

32000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Coleman for Columbus

Mailing Address PO Box 1596

City Columbus State OH Zip Code 43216

Purpose of Disbursement
Michael B. Coleman, Mayor OH

Candidate Name

Michael B. Coleman

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2012

Transaction ID : 6464936

Amount of Each Disbursement this Period

2500.00

Michael B. Coleman, Mayor OH

Full Name (Last, First, Middle Initial)

B. Husted for Ohio

Mailing Address 211 S Fifth St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Jon Husted, SECRETARY OF STATE OH

Candidate Name

Jon Husted

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : 6493444

Amount of Each Disbursement this Period

2500.00

Jon Husted, SECRETARY OF STATE OH

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5000.00

5000.00