

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="195281.27"/>	<input type="text" value="195281.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="112336.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12097.53"/>	<input type="text" value="256809.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="124434.47"/>	<input type="text" value="452090.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4500.00"/>	<input type="text" value="332156.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119934.47"/>	<input type="text" value="119934.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11448.30	174363.73
(ii) Unitemized	626.14	82133.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12074.44	256497.24
(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)	12074.44	256497.24
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.).....	23.09	311.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12097.53	256809.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12097.53	256809.20

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	156.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	156.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	241000.00
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	2000.00	91000.00
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)) ..	4500.00	332156.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	332156.00

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)	12074.44	256497.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12074.44	256497.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	156.00
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	156.00

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 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. KRISTINA L EDEN		Date of Receipt 10 / 15 / 2014 Transaction ID : PR10055313440
Mailing Address 4545 TUTTLES BROOKE DRIVE		Amount of Each Receipt this Period 10.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SR ASST, ADMINISTRAT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. OLA M SNOW		Date of Receipt 10 / 15 / 2014 Transaction ID : PR100553413440
Mailing Address 267 DONERAIL AVE		Amount of Each Receipt this Period 50.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. KELLI M KOVAK		Date of Receipt 10 / 15 / 2014 Transaction ID : PR117426313440
Mailing Address 195 N HARBOR DR #802		Amount of Each Receipt this Period 38.00
City CHICAGO	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	

SUBTOTAL of Receipts This Page (optional).....▶	98.00
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 7 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROSEMARY PITTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8673 FINLARIG 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, FINANCE (GENERAL)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR118725313440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RONALD J CLERICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 485 TRILLIUM DRIVE
 City GALLOWAY State OH Zip Code 43119
 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 ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR118725413440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. KAREN A GLEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 HEATH PLACE
 City SMYRNA State TN Zip Code 37167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, COMM BUSINESS P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR120633513440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARY L HAMLIN
Full Name (Last, First, Middle Initial)
Mailing Address 308 ASHLEY CT
City WASHINGTON State MO Zip Code 63090
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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR120659513440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. KATHERINE BALLAY
Full Name (Last, First, Middle Initial)
Mailing Address 7531 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 VP, COMM BUSINESS PA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR120659613440
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Bi-Weekly)

C. KEVIN WILLIAMSON
Full Name (Last, First, Middle Initial)
Mailing Address 3155 VICTORIA DRIVE
City ALPINE State CA Zip Code 91901
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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR120659813440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 9 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WILLIAM C PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 7812 W. 147TH TERRACE
 City OVERLAND PARK State KS Zip Code 66223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SCIENTIFIC CONSU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR120659913440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. FRANCISCO J NEGRON SEGARRA
 Full Name (Last, First, Middle Initial)
 Mailing Address CALLE 4 , E -13 URB. VILLA MERCEDEZ
 City GUAYNABO State PR Zip Code 00971
 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 ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR120660013440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. SUSAN MUELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 THRUSH CIR
 City LINDENHURST State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PRODUCT OR SERV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR120669613440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
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 10 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LORI J ROEPKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 WHEELER DR
 City MANSFIELD State TX Zip Code 76063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR120669713440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. THERESE GROSSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17211 WILLOW RDGE CT
 City NORTHVILLE State MI Zip Code 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, ENTERPRISE CONT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR120669813440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. TIMOTHY W HOUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 E. KRISTA WAY
 City TEMPE State AZ Zip Code 85284
 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR120669913440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TIFFANY P OLSON		Date of Receipt 10 / 15 / 2014 Transaction ID : PR120670113440
Mailing Address 15402 HIDDEN OAKS LANE		Amount of Each Receipt this Period 192.30
City CARMEL State IN Zip Code 46033	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, NUCLEAR &	Aggregate Year-to-Date 4038.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BRANDON W QUINDT		Date of Receipt 10 / 15 / 2014 Transaction ID : PR120701113440
Mailing Address 10661 SOUTH 204TH ST		Amount of Each Receipt this Period 19.00
City GRETNA State NE Zip Code 68028	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	Aggregate Year-to-Date 399.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GURU GURUSHANKAR		Date of Receipt 10 / 15 / 2014 Transaction ID : PR120701213440
Mailing Address 15 LE PARC DRIVE		Amount of Each Receipt this Period 19.00
City PRINCETON JUNCTION State NJ Zip Code 08550	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, GM	Aggregate Year-to-Date 399.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. REGINALD THEVENOT
Full Name (Last, First, Middle Initial)
Mailing Address 3 DUSTIN COURT

City MANSFIELD	State MA	Zip Code 02048
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 ▼ 399.00	

Date of Receipt
10 / 15 / 2014
Transaction ID : PR122694713440

Amount of Each Receipt this Period
19.00

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

B. RICHARD G FULLENKAMP
Full Name (Last, First, Middle Initial)
Mailing Address 8975 PORTOFINO PLACE

City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		
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 ▼ 399.00	

Date of Receipt
10 / 15 / 2014
Transaction ID : PR122694813440

Amount of Each Receipt this Period
19.00

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

C. DENNIS W SEVIN
Full Name (Last, First, Middle Initial)
Mailing Address 1342 WHITE OAK CT.

City NORTH HUNTINGDON	State PA	Zip Code 15642
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation DIRECTOR, EH&S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Date of Receipt
10 / 15 / 2014
Transaction ID : PR122779713440

Amount of Each Receipt this Period
19.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 207 KING CT

City BULLARD State TX Zip Code 75757

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 ▼ 399.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR122779913440

Amount of Each Receipt this Period: 19.00

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

B. GARVIN P PRESCOD
Full Name (Last, First, Middle Initial)

Mailing Address 1109 COLONIAL COURT

City EAGLEVILLE State PA Zip Code 19403

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 ▼ 399.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR122787613440

Amount of Each Receipt this Period: 19.00

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

C. JENNIFER R FERRANG
Full Name (Last, First, Middle Initial)

Mailing Address 24 RAMSEY ROAD

City LEBANON State NJ Zip Code 08833

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 ▼ 798.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR122787713440

Amount of Each Receipt this Period: 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THOMAS C NOVELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6486 SUTCLIFFE DRIVE
 City ALEXANDRIA State VA Zip Code 22315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOVERNMENT RELAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR122840613440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SCOTT J WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7504 BREEZY LAKE LANE
 City FLOWERY BRANCH State GA Zip Code 30521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TRANSPORTATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124937413440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JEFFREY J EASTERLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 984 WESSINGTON MANOR LANE
 City FORT MILL State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM CUST ANLYTICS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124937513440
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 15 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THERON B NEESE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4855 SPRING PARK CIR
 City SUWANNE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124937613440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. MARTIN L NEWMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3762 QUAIL HOLLOW
 City CELINA State TX Zip Code 75009
 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 ▼ 323.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124937713440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. MICHAEL A GATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 BRIONNE COURT
 City WAXHAW State NC Zip Code 28173
 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 ▼ 340.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124937813440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. RYAN K COX
Full Name (Last, First, Middle Initial)

Mailing Address 639 NW FREMONT ST

City CAMAS State WA Zip Code 98607

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

Name of Employer CARDINAL HEALTH, INC Occupation VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124937913440

Amount of Each Receipt this Period
38.00

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

B. STEPHEN M MASON
Full Name (Last, First, Middle Initial)

Mailing Address 347 OAKLAND BEACH AVE.

City RYE State NY Zip Code 10580

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM KINRAY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124938013440

Amount of Each Receipt this Period
19.00

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

C. ROBERT D WAGNER
Full Name (Last, First, Middle Initial)

Mailing Address 8844 TARTAN FIELDS DRIVE

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC SOURCI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124938113440

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. NANCY HULA-MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 8581 THE ISLAND

City MEMPHIS	State TN	Zip Code 38125
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR124938413440

Amount of Each Receipt this Period

38.00

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

B. LUIS E GARCIA
Full Name (Last, First, Middle Initial)
Mailing Address 5263 SW 152 AVENUE

City MIRAMAR	State FL	Zip Code 33027
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, NUCLEAR PHARMACY
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR124938513440

Amount of Each Receipt this Period

38.00

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

C. DANIEL C STELTER
Full Name (Last, First, Middle Initial)
Mailing Address 130 N GARLAND CT APT 4902

City CHICAGO	State IL	Zip Code 60602
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR124938613440

Amount of Each Receipt this Period

38.00

P/R Deduction (\$38.00 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 18 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEFAN GRUNWALD
Full Name (Last, First, Middle Initial)
Mailing Address 9982 ALLEN 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, STRATEGIC SOURC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124938713440
Amount of Each Receipt this Period 15.00
P/R Deduction (\$15.00 Bi-Weekly)

B. KEVIN TAYLOR
Full Name (Last, First, Middle Initial)
Mailing Address 1835 GLENN AVENUE
City UPPER ARLINGTON State OH Zip Code 43212
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, PRODUCT OR SERVI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 646.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124938813440
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

C. MAX J FRIEDAUER
Full Name (Last, First, Middle Initial)
Mailing Address 1554 HEATHERWAE LOOP
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 PRICIN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124938913440
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.00
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 19 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAVID T ZIMPFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6916 CORAZON DRIVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, INFO SERVICES &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124939013440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. RONALD A SCHULTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 EAST CORK STREET
 City KALAMAZOO State MI Zip Code 49001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124939113440
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. HELENE U GODAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 HARVARD AVE
 City HIGHLAND PARK State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124939313440
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 95.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CYNTHIA M DAVIDSON
Full Name (Last, First, Middle Initial)

Mailing Address 1350 N. WESTERN AVE #103
City LAKE FOREST State IL Zip Code 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR124983713440

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 905 CR 3131
City JACKSONVILLE State TX Zip Code 75766

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 ▼ **304.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR124983813440

Amount of Each Receipt this Period **19.00**

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

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

Mailing Address 5151 WOODBRIDGE DR
City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR124984213440

Amount of Each Receipt this Period **19.00**

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

SUBTOTAL of Receipts This Page (optional)..... **76.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THOMAS E BURKE
Full Name (Last, First, Middle Initial)

Mailing Address 21 PARSONS DRIVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM INNOVATIVE DE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124984313440

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address PO BOX 764
43 FELLOWS RD.

City IPSWICH State MA Zip Code 01938

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124984413440

Amount of Each Receipt this Period
 38.00

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

C. BENJAMIN E STORMER
Full Name (Last, First, Middle Initial)

Mailing Address 498 GREENGLADE AVENUE

City WORTHINGTON State OH Zip Code 43085

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, TECH PRODUCT MGM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124984513440

Amount of Each Receipt this Period
 19.00

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: PAGE 22 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARK S MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 TRANQUIL TRAIL
 City State Zip Code
 DUNLAP TN 37327
 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 ▼
 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124984613440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. TERESA A STENTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2249 SHERINGHAM ROAD
 City State Zip Code
 UPPER ARLINGTON OH 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, INVENTORY MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124984913440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. CYNTHIA L ADKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8374 DAVENTRY COURT
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, STRATEGIC PLNG/
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124985113440
 Amount of Each Receipt this Period
 19.00
 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 23 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BRENT E STUTZ
Full Name (Last, First, Middle Initial)

Mailing Address 8176 CROSSGATE COURT N

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, COMMERCIAL TECH
--	------------------------------------

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
10	/	15	/	2014

Transaction ID : PR124985213440

Amount of Each Receipt this Period

50.00

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

B. JAMES E BARNETT
Full Name (Last, First, Middle Initial)

Mailing Address 4850 PLEASANT CREEK COURT

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR124985313440

Amount of Each Receipt this Period

38.00

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

C. JEFFREY R BENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 2266 DAUER COURT

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

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 ▼ **304.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR124985413440

Amount of Each Receipt this Period

19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. AARON R LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address 175 COACHMAN DR

City PLAIN CITY State OH Zip Code 43064

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124985613440

Amount of Each Receipt this Period
 19.00

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

B. MICHELE L CONWAY
Full Name (Last, First, Middle Initial)

Mailing Address 4902 LONGBENTON WAY

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation MGR, GENERAL ACCTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124985813440

Amount of Each Receipt this Period
 15.00

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

C. JOHN M ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 3800 BEECHAM CT.

City COLUMBUS State OH Zip Code 43220

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, ASSOCIATE GENER

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
 10 / 15 / 2014

Transaction ID : PR124985913440

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional)..... **84.00**

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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WILLIAM ROZICH
Full Name (Last, First, Middle Initial)

Mailing Address 9926 MACDONALD DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR124986013440

Amount of Each Receipt this Period **38.00**

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

B. STEPHANIE R REVISH
Full Name (Last, First, Middle Initial)

Mailing Address 4304 HICKORY ROCK DR

City POWELL State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR124986113440

Amount of Each Receipt this Period **20.00**

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

C. FREDERICK P JENNY
Full Name (Last, First, Middle Initial)

Mailing Address 7284 LANDON LANE

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,SOFTWARE ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR124986313440

Amount of Each Receipt this Period **38.00**

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

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 26 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PETER M HOEFT
Full Name (Last, First, Middle Initial)

Mailing Address 5555 ASTER WAY

City GALENA State OH Zip Code 43021

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

Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, IT STRAT A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124986413440

Amount of Each Receipt this Period 25.00

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

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

Mailing Address 8410 RUSSETT CT

City WESTERVILLE State OH Zip Code 43082

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 ▼ 608.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124986513440

Amount of Each Receipt this Period 38.00

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

C. MARK L LIEBERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 11 CHERRY HILL LANE

City MANALAPAN State NJ Zip Code 07726

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124986913440

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 101.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH M O'SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 CEDAR DRIVE
 City MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CREDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124987113440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. THOMAS M PELIZZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 SASSINORO DRIVE
 City PUTNAM VALLEY State NY Zip Code 10579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124987213440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MICHAEL J ROTHSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 TODD CT
 City HUNTINGTON STATION State NY Zip Code 11746
 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 ▼ 608.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124987313440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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 28 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CYNTHIA A SACKETT
Full Name (Last, First, Middle Initial)

Mailing Address 6393 PEBBLE CREEK DR

City INDEPENDENCE State OH Zip Code 44131

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ETHICS & COMPLIA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124987413440

Amount of Each Receipt this Period 15.00

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

B. CHRISTOPHER G LINDROTH
Full Name (Last, First, Middle Initial)

Mailing Address 91 PRESCOTT DR

City HUDSON State OH Zip Code 44236

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM EDGE PARK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124987513440

Amount of Each Receipt this Period 38.00

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

C. KURT R PACKER
Full Name (Last, First, Middle Initial)

Mailing Address 86 BRANDYWINE DR

City HUDSON State OH Zip Code 44236

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM ASSURAMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124987613440

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 103.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL B PETRAS
Full Name (Last, First, Middle Initial)

Mailing Address 3591 WEST GALLOWAY

City RICHFIELD State OH Zip Code 44286

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

Name of Employer CARDINAL HEALTH, INC Occupation PRES, GM ASSURAMED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124987813440

Amount of Each Receipt this Period
 100.00

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

B. KEVIN E GEHRT
Full Name (Last, First, Middle Initial)

Mailing Address 7439 MERION CT

City SOLON State OH Zip Code 44139

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 ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124988013440

Amount of Each Receipt this Period
 38.00

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

C. ANDREW L HINKLE
Full Name (Last, First, Middle Initial)

Mailing Address 321 SIMON RD

City HUDSON State OH Zip Code 44236

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, CONTRACT AND BIL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR124988113440

Amount of Each Receipt this Period
 19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEVEN A EISENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 35590 MICHAEL DR
 City SOLON State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, COMM/TRANS (ATTY)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124988213440
 Amount of Each Receipt this Period 29.00
 P/R Deduction (\$29.00 Bi-Weekly)

B. PAUL R GOTTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9960 CONCORD RD
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, NUCLEAR PHARMACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124988413440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. EILEEN LEHMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8585 PENNINGTON CT
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, INTERNAL COMMUN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124989013440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARIBEL L DELFAUS ROSARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address PMB 101
 405 AVE ESMERALDA
 City GUAYNABO State PR Zip Code 00969
 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 ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124989213440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RECIE BOMAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9009 CALLAWAY DRIVE
 City TAMPA State FL Zip Code 34655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HEALTH SYSTEM PH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124989313440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. THOMAS D DARDIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4023 JAMES RIVER ROAD
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR124989413440
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. REBECCA A HELLMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 DOONE RD
 City COLUMBUS State OH Zip Code 43221
 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 ▼ 304.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124989813440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY W LOVESY
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 W. DIANA
 City PHOENIX State AZ Zip Code 85021
 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 ▼ 400.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124989913440
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. WILLIAM C DILLON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5208 WYNNEFORD WAY
 City RALEIGH State NC Zip Code 27614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM SPECIALTY-MAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR124990013440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 82.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEVEN H COHEN
Full Name (Last, First, Middle Initial)

Mailing Address 2945 SURREY LANE

City WESTON State FL Zip Code 33331

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 ▼ **608.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR124990113440

Amount of Each Receipt this Period **38.00**

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

B. JOANNA M SHORE
Full Name (Last, First, Middle Initial)

Mailing Address 6570 WOODDED VIEW DR.

City HUDSON State OH Zip Code 44236

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 ▼ **608.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR124990313440

Amount of Each Receipt this Period **38.00**

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

C. MARINO COLATRUGLIO
Full Name (Last, First, Middle Initial)

Mailing Address 4500 CLARK SHAW RD

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, FACILITIES & RE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR125269313440

Amount of Each Receipt this Period **19.00**

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 34 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARK F STAUFFER
Full Name (Last, First, Middle Initial)

Mailing Address 7000 CARDINAL PLACE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR125269413440

Amount of Each Receipt this Period: **38.00**

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

B. WILLIAM J TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 770 HEARTLANDMEADOWS

City SUNBURY State OH Zip Code 43074

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

Name of Employer: CARDINAL HEALTH, INC Occupation: MGR, MARKETING MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR125269513440

Amount of Each Receipt this Period: **19.00**

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

C. VERNON E ELLIOTT
Full Name (Last, First, Middle Initial)

Mailing Address 414 MILL WOOD BLVD.

City MARYSVILLE State OH Zip Code 43040

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

Name of Employer: CARDINAL HEALTH, INC Occupation: SR ENGR, IT CLIENT S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR125269713440

Amount of Each Receipt this Period: **19.00**

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

SUBTOTAL of Receipts This Page (optional)..... **76.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MELANIE C FILAS
Full Name (Last, First, Middle Initial)

Mailing Address 1409 RIVERWOOD LANE

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, COMPENSATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR125270013440

Amount of Each Receipt this Period
25.00

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

B. RICHARD D KIRKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 571 BIRCH STREET

City State Zip Code
WESTERVILLE OH 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR125270213440

Amount of Each Receipt this Period
19.00

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

C. KRISTIN R HARPER
Full Name (Last, First, Middle Initial)

Mailing Address 5732 ROCKY SHORE DRIVE

City State Zip Code
LEWIS CENTER OH 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR129786913440

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... **82.00**

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 36 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JAMES F BALZER
Full Name (Last, First, Middle Initial)

Mailing Address 3510 DEEP COVE DRIVE

City CUMMING	State GA	Zip Code 30041
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SR CNSLT, OPS TECHNO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR77969113440

Amount of Each Receipt this Period

10.94

P/R Deduction (\$10.94 Bi-Weekly)

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

Mailing Address 8696 NW ANDERSON HILL RD

City SILVERDALE	State WA	Zip Code 98383
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR78006113440

Amount of Each Receipt this Period

19.00

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

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

Mailing Address 5633 N KOSTNER AVENUE

City CHICAGO	State IL	Zip Code 60646
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87377413440

Amount of Each Receipt this Period

25.00

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

SUBTOTAL of Receipts This Page (optional).....▶	54.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS E E HUNT
Full Name (Last, First, Middle Initial)

Mailing Address 8093 WILDWOOD LANE

City DARIEN State IL Zip Code 60561

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87377513440

Amount of Each Receipt this Period
25.00

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 ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87377613440

Amount of Each Receipt this Period
19.00

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 ▼ **814.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87377713440

Amount of Each Receipt this Period
45.20

P/R Deduction (\$45.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **89.20**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87377813440
 Amount of Each Receipt this Period
 38.00
 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 Occupation
 CARDINAL HEALTH, INC VP, SALES OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87378013440
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. MARK T HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6215 ROBERTS STREET
 City SHAWNEE State KS Zip Code 66226
 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 ▼
 365.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87378713440
 Amount of Each Receipt this Period
 18.54
 P/R Deduction (\$18.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.54
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CHERYL M M KAHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3049 MAPLE LEAF
 City GLENVIEW State IL Zip Code 60026
 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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87379013440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. KATHY S POPEJOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11127 W 59TH AVE
 City ARVADA State CO Zip Code 80004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 549.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87379413440
 Amount of Each Receipt this Period 26.85
 P/R Deduction (\$26.85 Bi-Weekly)

C. CHRISTOPHER J PHER J ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 GEORGE PIERCE
 City SUWANEE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, QRA MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87379913440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	55.85
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 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3210 SEA MARSH ROAD
FAIRWAY OAKS

City FERNANDINA BEACH State FL Zip Code 32034

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

Name of Employer: CARDINAL HEALTH, INC Occupation: PRES, MED DEVICE & D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87380013440

Amount of Each Receipt this Period: 50.00

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

B. BRAD WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 30121 FIDDLERS GREEN

City FARMINGTON HILLS State MI Zip Code 48334

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.50

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87380113440

Amount of Each Receipt this Period: 13.50

P/R Deduction (\$13.50 Bi-Weekly)

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

Mailing Address 20 MCCUE RD

City MORGANVILLE State NJ Zip Code 07751

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 ▼ 399.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87380213440

Amount of Each Receipt this Period: 19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KRISTIN DANIELS
Full Name (Last, First, Middle Initial)

Mailing Address 8158 ADMIRAL DRIVE

City WINDSOR State CO Zip Code 80528

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PRICIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87380813440

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 6909 MARIS CT

City BURLESON State TX Zip Code 76028

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.89

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87380913440

Amount of Each Receipt this Period
15.03

P/R Deduction (\$15.03 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, REGULATORY MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87381013440

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.03

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 135
(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 AKA 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, HSS OPERATIONS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87381113440
Amount of Each Receipt this Period 20.00
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 ▼ 399.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87381213440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. FRANCINE H E H KENT
Full Name (Last, First, Middle Initial)
Mailing Address 3208 HIGH RIDGE COURT
City MANSFIELD State TX Zip Code 76063
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87381313440
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 NVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87381413440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382013440
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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 ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382113440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382213440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 840.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382313440
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. CHRISTOPHER L PHER L FREID
 Full Name (Last, First, Middle Initial)
 Mailing Address 24658 W. MAGNOLIA DR.
 City ANTIOCH State IL Zip Code 60002
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382513440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 45 OF 135
(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 AKA Cardinal Health Companies PAC

A. RICHARD L L ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 118 GOODELL ROAD
City FOLSOM State CA Zip Code 95630
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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382613440
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. DEBRA L SCHOTZ
Full Name (Last, First, Middle Initial)
Mailing Address 2351 THORNWOOD AVENUE
City WILMETTE State IL Zip Code 60091
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PERIOPERATIV
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382713440
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Bi-Weekly)

C. GREGG A BREWSTER
Full Name (Last, First, Middle Initial)
Mailing Address 3710 FENCELINE ROAD
City FRANKSVILLE State WI Zip Code 53126
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87382813440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 135
(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 AKA Cardinal Health Companies PAC

A. MICHELE B B DONATICH
Full Name (Last, First, Middle Initial)

Mailing Address 520 PENNY LANE

City GRAYSLAKE State IL Zip Code 60030

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, CUST ADVOCACY-C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR87383013440

Amount of Each Receipt this Period 14.58

P/R Deduction (\$14.58 Bi-Weekly)

B. GREG W STORM
Full Name (Last, First, Middle Initial)

Mailing Address 123 CHALLAIN DRIVE

City LITTLE ROCK State AR Zip Code 72223-5517

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 683.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR87383413440

Amount of Each Receipt this Period 9.78

P/R Deduction (\$9.78 Bi-Weekly)

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

Mailing Address 1471 FIRWOOD CT.

City MARCO ISLAND State FL Zip Code 34145

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

Name of Employer CARDINAL HEALTH, INC Occupation PRES, HOSPITAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 821.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR87383513440

Amount of Each Receipt this Period 40.11

P/R Deduction (\$40.11 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.47

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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 **399.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87384113440
 Amount of Each Receipt this Period **19.00**
 P/R Deduction (\$19.00 Bi-Weekly)

B. CHRISTOPHER F PHER F LANCTOT
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 LAKE FOREST COURT W.
 City ST. CHARLES State MO Zip Code 63301
 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 **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87384213440
 Amount of Each Receipt this Period **10.00**
 P/R Deduction (\$10.00 Bi-Weekly)

C. LAURA I RINALDI
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 E CURLY COURT
 City RINEYVILLE State KY Zip Code 40162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CUSTOMER SERVIC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87384313440
 Amount of Each Receipt this Period **10.00**
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **39.00**
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SUSAN J JACOBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 EAST MONROE #4606
 City CHICAGO State IL Zip Code 60603
 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 ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87384513440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. ROBERT B B HOBGOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 N. PINE STREET UNIT 3906
 City CHARLOTTE State NC Zip Code 28202
 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87384613440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. 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 ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87384813440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL M M SINIGAGLIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 WILLETS DR
 City SYOSSET State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87385013440
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 DIR, HR SERVICE CENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87385113440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. RACHEL R R STOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4228 ST. ANDREWS BLVD
 City IRVING State TX Zip Code 75038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87385313440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	91.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 18 MILLER DRIVE

City SYLACAUGA State AL Zip Code 35151

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, DIRECT SALES MG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87385613440

Amount of Each Receipt this Period
 19.00

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

B. MICHAEL P P DUSKI
Full Name (Last, First, Middle Initial)

Mailing Address 1310 W JO LANE

City ARLINGTON HEIGHTS State IL Zip Code 60004

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87385713440

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

C. 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 ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87385913440

Amount of Each Receipt this Period
 19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **48.00**

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 51 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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, PRODUCT OR SERV
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87386013440

Amount of Each Receipt this Period

19.00

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

B. 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 ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87386113440

Amount of Each Receipt this Period

19.00

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

C. 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 ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87386413440

Amount of Each Receipt this Period

19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARK MISPLAY
Full Name (Last, First, Middle Initial)
Mailing Address 4007 CHELSEA GREEN EAST
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 (AM)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87386613440
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. MATTHEW J KOHUT
Full Name (Last, First, Middle Initial)
Mailing Address 809 EAST ROCKLAND RD
City LIBERTYVILLE State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, PRODUCT & SERVI
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **273.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87386713440
Amount of Each Receipt this Period **13.00**
P/R Deduction (\$13.00 Bi-Weekly)

C. CURTIS L L WILENS
Full Name (Last, First, Middle Initial)
Mailing Address 1347 COVENTRY LN
City NORTHBROOK State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING RESEA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87386813440
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **51.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 53 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SCOTT A DONNELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12195 ANDREWS DRIVE
 City State Zip Code
 PLAIN CITY OH 43064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, MARKETING MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87387513440
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. STEPHEN REARDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9098 MEDITERRA PLACE
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, QRA MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87387813440
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. ELLERY B B CADEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1392 BEAMAN DRIVE
 City State Zip Code
 COLUMBUS OH 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SR PROD MGR, PROD OR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87387913440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PAUL G FARLEY			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 52 ONONDEGA RD			Transaction ID : PR87388013440
City NARRAGANSETT	State RI	Zip Code 02882	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DANIEL BISHOP			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 9712 PERSIMMON PLACE			Transaction ID : PR87388213440
City PLAIN CITY	State OH	Zip Code 43064	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FIN PLNG & ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PATRICK J J ECKHERT			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 2600 DESERET DR			Transaction ID : PR87388313440
City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, SOURCING MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00		P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 401 SPRING DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC TERRITORY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87388413440

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 10472 MACKENZIE 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, SOFTWARE ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87388513440

Amount of Each Receipt this Period
38.00

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

C. JOHN A FIACCO
Full Name (Last, First, Middle Initial)

Mailing Address 124 FOX HAVEN DRIVE

City O'FALLON State MO Zip Code 63368

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87388613440

Amount of Each Receipt this Period
38.00

P/R Deduction (\$38.00 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 56 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87388813440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES W BONANNI
 Full Name (Last, First, Middle Initial)
 Mailing Address 7511 PLUM HOLLOW CIR
 City LIVERPOOL State NY Zip Code 13090
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87388913440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. ERIC D SUTHERLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 6433 TULIPWOOD LANE
 City JAMESVILLE State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87389013440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	48.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KRISTINA M A M ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5464 HEATHROW 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, SOFTWARE ENGINEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.01

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87389113440
 Amount of Each Receipt this Period 16.15
 P/R Deduction (\$16.15 Bi-Weekly)

B. SAMUEL M M TUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5719 TURNER LANE
 City HILLIARD State OH Zip Code 43026
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87389213440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. ANDRE D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1327 LAKE GRAYSON DRIVE
 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87389313440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	45.15
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 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼
1285.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87389413440

Amount of Each Receipt this Period
61.20

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

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

Mailing Address 2629 BEXLEY PARK ROAD

City BEXLEY	State OH	Zip Code 43209
----------------	-------------	-------------------

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 ▼
945.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87389613440

Amount of Each Receipt this Period
50.00

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

C. 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, ACCOUNT (HEALTH
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87389813440

Amount of Each Receipt this Period
22.13

P/R Deduction (\$22.13 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	133.33
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHARLES AQUILINA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4871 NORMANDY DRIVE
 City State Zip Code
 GALENA OH 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, MKTG & PRODUCT M
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87389913440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. GEORGE J J PLAVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3526 PEMBROOKE DR
 City State Zip Code
 RICHMOND TX 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, PHARM OPS & ACCO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1458.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87390313440
 Amount of Each Receipt this Period
 70.62
 P/R Deduction (\$70.62 Bi-Weekly)

C. ROBERT S S SUMMERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 CHASELY CIRCLE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, PRODUCT OR SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 646.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87390513440
 Amount of Each Receipt this Period
 31.33
 P/R Deduction (\$31.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.95
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 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. NATASHA C C NICOL
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 RED TAIL HAWK LOOP
 City PAWLEYS ISLAND State SC Zip Code 29585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, CLINICAL SPEC -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87390613440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. SEAN M MCCAFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 BUCK RUN RD
 City SOUTHPOINTE State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87390713440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. 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 Occupation
 CARDINAL HEALTH, INC VP, ASC GEN CSL, COM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87390813440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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, SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 406.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87390913440
 Amount of Each Receipt this Period 19.91
 P/R Deduction (\$19.91 Bi-Weekly)

B. RONALD M M WADSWORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4310 SUFFOLK WAY
 City EL DORADO HILLS State CA Zip Code 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391013440
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. MARK S PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 MORNINGSIDE DR
 City ALPHARETTA State GA Zip Code 30022
 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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391113440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	44.91
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JUSTIN M M HOOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2756 SILVERLEAF 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, IT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391413440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. WILLIAM F F SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 8501 HEATHERWOOD DRIVE
 City State Zip Code
 SAVANNAH GA 31406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SR CNSLT, BUS ANALYS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 222.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391513440
 Amount of Each Receipt this Period
 10.58
 P/R Deduction (\$10.58 Bi-Weekly)

C. DEBORAH A BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3204 STONEBRIDGE TR
 City State Zip Code
 VALRICO FL 33596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, HEALTH SYSTEM P
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391713440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.58
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 63 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WILLIAM H H ZIMMERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 ELMWOOD DRIVE
 City State Zip Code
 DELAWARE OH 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, STRATEGIC PLNG/
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391813440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. GARY G CACCIATORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 LOCH GLEN CT
 City State Zip Code
 HOUSTON TX 77059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ASC GEN CSL, REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 801.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87391913440
 Amount of Each Receipt this Period
 39.13
 P/R Deduction (\$39.13 Bi-Weekly)

C. RICHARD F F COLLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 21ST AVE CT SE
 City State Zip Code
 PUYALLUP WA 98372-1712
 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 ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87392013440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.13
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 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87392213440

Amount of Each Receipt this Period

50.00

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

B. 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 ▼ **798.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87392413440

Amount of Each Receipt this Period

38.00

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

C. 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 ▼ **2106.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87392513440

Amount of Each Receipt this Period

100.30

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

SUBTOTAL of Receipts This Page (optional).....▶	188.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87392913440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 525.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87393013440
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Bi-Weekly)

C. 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 ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87393113440
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 94.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 VP, IT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87393213440

Amount of Each Receipt this Period
 19.00

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

B. TRACY K GODFREY
Full Name (Last, First, Middle Initial)

Mailing Address 1491 POLARIS PARKWAY # 175

City COLUMBUS State OH Zip Code 43240

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87393313440

Amount of Each Receipt this Period
 19.00

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

C. 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 ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87393413440

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **58.00**

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

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

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

FOR LINE NUMBER: PAGE 67 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARGARET M T M LAVALLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6810 VINEYARD HAVEN LOOP
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, HR SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87393513440
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. JOSEPH S S HODGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 GNARLED PINE DRIVE
 City State Zip Code
 DUBLIN OH 43016
 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 ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87393613440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ANTHONY GRIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1284 FOUR STAR DR EAST
 City State Zip Code
 GALLOWAY OH 43119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, PRODUCT OR SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87393713440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00
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 68 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87393813440
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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, SOFTWARE ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87393913440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. 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, GOVERNMENT RELAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87394013440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.30
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GREGORY A A EWING
Full Name (Last, First, Middle Initial)
Mailing Address 113 ELDERBERRY CT
City PATASKALA State OH Zip Code 43062
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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87394413440
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. LAURA L SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 5828 IVY BRANCH DR
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES OPERATION
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87394613440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. KEVIN M KANNALLY
Full Name (Last, First, Middle Initial)
Mailing Address 14529 ROBINSON RD
City PLAIN CITY State OH Zip Code 43064
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87394713440
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 67.00
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 70 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DANA R THACKER
Full Name (Last, First, Middle Initial)

Mailing Address 2934 GRIFFIN DR

City State Zip Code
LEWIS CENTER OH 43035

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, SOFTWARE ENGINEE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87394813440

Amount of Each Receipt this Period
19.00

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

B. JAMES P COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 69259 LEE ROAD

City State Zip Code
ST CLAIRSVILLE OH 43950

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 ▼
399.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87394913440

Amount of Each Receipt this Period
19.00

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

C. MICHAEL P P KENNEDY
Full Name (Last, First, Middle Initial)

Mailing Address 4783 VISTA RIDGE DR

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2106.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR87395013440

Amount of Each Receipt this Period
100.30

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRIAN V PERO
Full Name (Last, First, Middle Initial)

Mailing Address 7794 LANHAM CT

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, COMM/TRANS (ATTY)
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87395113440

Amount of Each Receipt this Period

68.00

P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ **798.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87395413440

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 275 CLEARSPRINGS DRIVE

City SPRINGBORO	State OH	Zip Code 45066
--------------------	-------------	-------------------

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 ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87395513440

Amount of Each Receipt this Period

20.00

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

SUBTOTAL of Receipts This Page (optional).....	68.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. TODD J TREON
Full Name (Last, First, Middle Initial)

Mailing Address 683 CROSSING CREEK S

City State Zip Code
GAHANNA OH 43230

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, PRODUCT OR SERVI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87395613440

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. TROY L HANSON
Full Name (Last, First, Middle Initial)

Mailing Address 5622 DORSEY DRIVE

City State Zip Code
COLUMBUS OH 43235

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, PRODUCT OR SERV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **970.08**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87395813440

Amount of Each Receipt this Period
46.82

P/R Deduction (\$46.82 Bi-Weekly)

C. PATRICK A A SELLS
Full Name (Last, First, Middle Initial)

Mailing Address 3460 HYATTS RD

City State Zip Code
POWELL OH 43065

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 ▼ **399.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87396113440

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... **75.82**

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 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. THERESA M IOANNIDES		Date of Receipt 10 / 15 / 2014 Transaction ID : PR87396213440
Mailing Address 5975 TRAFALGAR LANE		Amount of Each Receipt this Period 10.00
City DUBLIN State OH Zip Code 43016	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, DEPLOYMENT LEAD	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NORA C MCPHERSON		Date of Receipt 10 / 15 / 2014 Transaction ID : PR87396313440
Mailing Address 1108 BERGENIA DRIVE		Amount of Each Receipt this Period 10.00
City REYNOLDSBURG State OH Zip Code 43068	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, QRA MGMT	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CASSANDRA E RA E BAKER		Date of Receipt 10 / 15 / 2014 Transaction ID : PR87396413440
Mailing Address 1751 BARRINGTON RD		Amount of Each Receipt this Period 69.51
City UPPER ARLINGTON State OH Zip Code 43221	FEC ID number of contributing federal political committee. C	P/R Deduction (\$69.51 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, GOV'T RELATIONS M	Aggregate Year-to-Date 1417.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	89.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAMES M BARKER		Date of Receipt 10 / 15 / 2014 Transaction ID : PR87396613440
Mailing Address 2761 SKELTON LN		Amount of Each Receipt this Period 36.56
City BLACKLICK	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C		P/R Deduction (\$36.56 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MANUFACTURING MG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.38	

Full Name (Last, First, Middle Initial) B. JAMES J HOMAN		Date of Receipt 10 / 15 / 2014 Transaction ID : PR87396713440
Mailing Address 520 EDEN PARK DRIVE		Amount of Each Receipt this Period 13.92
City FRANKLIN	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.92 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.20	

Full Name (Last, First, Middle Initial) C. STEPHEN T T FALK		Date of Receipt 10 / 15 / 2014 Transaction ID : PR87396813440
Mailing Address 2175 LANE RD		Amount of Each Receipt this Period 100.00
City COLUMBUS	State OH	Zip Code 43220
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EVP & GENERAL COUNSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.48
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 75 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHAD E SANDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 ELLIS ST
 City PICKERINGTON State OH Zip Code 43147
 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 ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87397113440
 Amount of Each Receipt this Period 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. 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 ▼ 4038.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87397213440
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

C. MARY C SCHERER
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 WEATHERBURN CT
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, AUDIT/FINANCIAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87397313440
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 219.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 PRES, US PHARMACEUTI
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1575.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87397413440
Amount of Each Receipt this Period **75.00**
P/R Deduction (\$75.00 Bi-Weekly)

B. 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 **399.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87397613440
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT GIACALONE
Full Name (Last, First, Middle Initial)
Mailing Address 7471 BALFOURE CIRCLE
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, REG AFFAIRS/CHF
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR87397813440
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	144.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR87398013440

Amount of Each Receipt this Period
 19.00

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 ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR87398213440

Amount of Each Receipt this Period
 38.00

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

C. CHRISTINE M NE M KULLBERG
Full Name (Last, First, Middle Initial)

Mailing Address 1499 CARDIFF 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 DIR, MARKETING MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR87398513440

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00

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 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87398713440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87398813440
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 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 ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87399013440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87399113440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. STEPHEN 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87399213440
 Amount of Each Receipt this Period 100.00
 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87399313440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 326 VINWOOD LANE

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, STRATEGIC PLNG/E

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87399413440

Amount of Each Receipt this Period
50.00

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

B. STUART MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 9711 CONCORD RIDGE CT

City State Zip Code
BRENTWOOD TN 37027

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 ▼ 399.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87399713440

Amount of Each Receipt this Period
19.00

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

C. LAWRENCE E MALHAM
Full Name (Last, First, Middle Initial)

Mailing Address 206 LONE OAK DRIVE

City State Zip Code
WHITE HOUSE TN 37188

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87399813440

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GEORGE R R KUNTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 W GRANVILLE RD
 City WORTHINGTON State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE/INFO PLA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87399913440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. JOHN E HOWARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2230 RIVER FOREST DRIVE
 City MOBILE State AL Zip Code 36605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, FRANCHISE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87400113440
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. DAVID E GAJESKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 21406 SAUNTON DR
 City KATY State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87400313440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOEL S MCTOPY
Full Name (Last, First, Middle Initial)

Mailing Address 1506 FAIRVIEW 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, ACCOUNT (HEALTH)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87400513440

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 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 ▼ **422.91**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87400813440

Amount of Each Receipt this Period **20.31**

P/R Deduction (\$20.31 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 EVP, ENTERPRISE CORP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87400913440

Amount of Each Receipt this Period **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **50.31**

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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87401013440

Amount of Each Receipt this Period

19.00

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

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

Mailing Address 1423 SHADY VALLEY

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87401113440

Amount of Each Receipt this Period

15.00

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

C. THERESA R 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 ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87401313440

Amount of Each Receipt this Period

25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87401413440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 & GOV'T REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2835.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87401513440
 Amount of Each Receipt this Period 135.00
 P/R Deduction (\$135.00 Bi-Weekly)

C. 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 ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87401613440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.00
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 85 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CORNELIUS T US T LANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 SOUTHRIDGE
 City ST LOUIS State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87401813440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. BRIAN WORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5654 ROTHESAY DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87401913440
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. JOHN P POLLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 KNOB HILL CIRCLE
 City CANTON State MA Zip Code 02021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation REGION MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87402213440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 126 MARINA DR

City BULLARD State TX Zip Code 75757

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 ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87402313440

Amount of Each Receipt this Period
19.00

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

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

Mailing Address 8624 GREENARBOR RD

City ALBUQUERQUE State NM Zip Code 87122

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87402413440

Amount of Each Receipt this Period
25.00

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

C. KENNETH J J COOLS
Full Name (Last, First, Middle Initial)

Mailing Address 9621 SHOW JUMPER CT

City WILTON State CA Zip Code 95693

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87402513440

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **54.00**

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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87402713440

Amount of Each Receipt this Period

19.00

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

B. DAVID M ELLIS
Full Name (Last, First, Middle Initial)

Mailing Address 6521 GOYA WAY

City EL DORADO HILLS	State CA	Zip Code 95762
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87402913440

Amount of Each Receipt this Period

19.00

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

C. BLAIR R WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 663 LYNNFIELD DR

City WESTERVILLE	State OH	Zip Code 43081
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, HR MANAGEMENT
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87403113440

Amount of Each Receipt this Period

38.00

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

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

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

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

FOR LINE NUMBER: PAGE 88 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MARK STAMM
 Mailing Address 1198 LINCOLN ROAD
 City State Zip Code
 COLUMBUS OH 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SOFTWARE ENGINEE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87403213440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ANDREW R R KELLER
 Mailing Address PO BOX 3732
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, STRATEGIC PLNG/E
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87403313440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CAROLYN S S BROWN
 Mailing Address 13180 BEACH CLUB RD
 City State Zip Code
 THE COLONY TX 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SR CNSLT, SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87403413440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANGELES M M BORREGO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 941328
 City HOUSTON State TX Zip Code 77094
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87403913440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. ERIC M JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8078 TRAIL LAKE DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87404013440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. DONNA B MANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 MCVEY BLVD
 City WEST WORTHINGTON State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRGM DIR, PROG/PROJ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87404213440
 Amount of Each Receipt this Period 28.60
 P/R Deduction (\$28.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.60
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 90 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MELISSA A A LABER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR87404413440
Mailing Address 8200 BIBURY		Amount of Each Receipt this Period 12.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM STRAT SOUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KEVIN HARRY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR87404513440
Mailing Address 3003 BREEZEWOOD LN		Amount of Each Receipt this Period 19.00
City GALENA	State OH	Zip Code 43021
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, FINANCE (GENERAL)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LAUREN E E FIELDS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR87404613440
Mailing Address 4316 OAK WOOD COURT		Amount of Each Receipt this Period 19.00
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 ▼ 399.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 91 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARC D DELORENZO
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 TILLER DRIVE
 City State Zip Code
 POWELL OH 43065
 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 ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87404913440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. ERIC T BOLLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 13162 THORNTON DRIVE
 City State Zip Code
 FRISCO TX 75035
 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 ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87405413440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. MARY W BAXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3273 STAPLEFORD CHASE
 City State Zip Code
 VIRGINIA BEACH VA 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, PHARM OPS & ACCO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87405513440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 92 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BRANDON J J STUKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 ROBERT YORK AVE
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87405613440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87405713440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. TRICIA L L RIGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5358 AGATE PL
 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, IT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87405813440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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, SOFTWARE ENGINE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87405913440

Amount of Each Receipt this Period
19.00

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

B. CAMERON J J BRADY
Full Name (Last, First, Middle Initial)

Mailing Address 873 N. LARRABEE ST.
UNIT 210

City CHICAGO State IL Zip Code 60610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87406213440

Amount of Each Receipt this Period
19.00

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

C. MISTY R EICHER
Full Name (Last, First, Middle Initial)

Mailing Address 1001 ALMOND COURT

City MANFIELD State TX Zip Code 76063

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87406413440

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	48.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MASTER BLACK BE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87406513440

Amount of Each Receipt this Period
19.00

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

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

Mailing Address 2521 EAST 31ST STREET

City TULSA State OK Zip Code 74105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87406613440

Amount of Each Receipt this Period
19.00

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

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

Mailing Address 50 TIMBERKNOLL LOOP

City POWELL State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87406713440

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CRAIG C BARANSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 MASSINA DR
 City WHEELING State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87406813440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES E BACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 STATION PARK CIRCLE
 City GRAYLAKE State IL Zip Code 60030
 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 ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87406913440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. 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, SOFTWARE ENGINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87407013440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 96 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT M M GABEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 BERLIN STATION RD
 City State Zip Code
 DELAWARE OH 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87407113440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. HAROLD E E GRUBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7802 SPENCER BROOK DR
 City State Zip Code
 SUMMERFIELD NC 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, OP EXCELLENCE D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87407213440
 Amount of Each Receipt this Period
 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. WILLIAM J J SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 8648 FINLARIG DRIVE
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87407313440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.00
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 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 VP, OPERATIONS MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87407413440

Amount of Each Receipt this Period **19.00**

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

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

Mailing Address 347 MORGAN LN

City GAHANNA State OH Zip Code 43230

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

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF FINANCIAL OFFI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87407513440

Amount of Each Receipt this Period **20.00**

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

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

Mailing Address 161 TUCKER DR

City WORTHINGTON State OH Zip Code 43085

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87407613440

Amount of Each Receipt this Period **38.00**

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

SUBTOTAL of Receipts This Page (optional)..... **77.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9440 NICHOLSON 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, ACCOUNT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87407713440

Amount of Each Receipt this Period
19.00

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

B. 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, DEPLOYMENT LEADE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87407813440

Amount of Each Receipt this Period
38.00

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

C. DONALD S S LUCHINI
Full Name (Last, First, Middle Initial)

Mailing Address 212 LAKESIDE DRIVE

City MCKEES ROCKS State PA Zip Code 15136

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87408213440

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... **76.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DENNIS W W BRAUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5667 MEDALLION DR WEST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87408313440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY E E GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 CAMBRIDGE BLVD
 City MARBLE CLIFF State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87408613440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. AMELIA D D MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5864 LAKEVIEW DR
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, REGULA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87408713440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 100 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOSE FREDO ESPINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 HALIFAX DR.
 City MUNDELEIN State IL Zip Code 60060
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87408813440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. JAMES W HILLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODSTREAM DR
 City GRAND ISLAND State NY Zip Code 14072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87409013440
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. COLLEEN GREINER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 51057
 City MYRTLE BEACH State SC Zip Code 29579
 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 ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87409113440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 101 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87409413440
 Amount of Each Receipt this Period
 19.00
 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, ASC GEN CSL, REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87409513440
 Amount of Each Receipt this Period
 38.00
 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 PRES, MED CONSUMABLE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87409613440
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. STANLEY L L NAGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6486 BALLANTRAE 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, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87409713440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MARTHA HUSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 E. SUNBURST LN
 City TEMPE State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT/CEO CANADA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87410113440
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. LISA MARLING-GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9334 PRATOLINO VILLA DR.
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TALENT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 703.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87410213440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 103 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANDREW T T ALDERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 LEICESTER PL.
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87410513440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87410613440
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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, STRATEGIC PLNG/E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87410713440
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 163.00
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 135
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANDREW W W WEHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 LITTLE BEAR LOOP
 City State Zip Code
 LEWIS CENTER OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIRECTOR, EH&S
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87410813440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. RONALD BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 NEWALBANYLINKDR
 City State Zip Code
 NEW ALBANY OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87410913440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ISMAEL VILLARREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5032 CALLE TINTILLO
 City State Zip Code
 GUAYNABO PR 00966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87411013440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 CONTROL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87411113440

Amount of Each Receipt this Period **19.00**

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

B. MAUREEN T GIRARD
Full Name (Last, First, Middle Initial)

Mailing Address 552 RIDGESIDE DRIVE

City GOLDEN State CO Zip Code 80401

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 ▼ **399.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87411413440

Amount of Each Receipt this Period **19.00**

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

C. 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, COMM/TRANS (ATTY)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87411713440

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional)..... **68.00**

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 106 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JULIE HOLBEIN
Full Name (Last, First, Middle Initial)

Mailing Address 3014 WALKERVIEW 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, TALENT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87411913440

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ **399.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87412013440

Amount of Each Receipt this Period **19.00**

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

C. 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 VP, COMM BUSINESS PA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR87412313440

Amount of Each Receipt this Period **25.00**

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

SUBTOTAL of Receipts This Page (optional)..... **54.00**

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 107 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANNEMARIE IE LA BUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1877 TEWKSBURY RD
 City State Zip Code
 UPPER ARLINGTON OH 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ASC GEN CSL, LAB
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87412413440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. CARL E HALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 TANGLIN ROAD
 #08-10 ST REGIS RESIDENCES
 City State Zip Code
 SINGAPORE SGP ZZ 99999
 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 ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87412513440
 Amount of Each Receipt this Period
 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. EDEN C SULZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 522 BANTRY ST
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MKTG & PRODUCT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87413113440
 Amount of Each Receipt this Period
 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PATRICK HALLORAN
Full Name (Last, First, Middle Initial)
Mailing Address 6180 MEMORIAL 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, GLOBAL TRADE OP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87413413440
Amount of Each Receipt this Period: 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. 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 **399.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87413513440
Amount of Each Receipt this Period: 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. 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, MANGNG CNSLT, S
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87413613440
Amount of Each Receipt this Period: 19.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **48.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87413813440

Amount of Each Receipt this Period
19.00

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

B. JOSEPH A A GOTTRON
Full Name (Last, First, Middle Initial)

Mailing Address 874 AYLESBURY DRIVE

City GAHANNA State OH Zip Code 43230

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, PHARMACEUTICAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87413913440

Amount of Each Receipt this Period
20.00

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

C. JEFFREY A A CRIST
Full Name (Last, First, Middle Initial)

Mailing Address 9376 ROSETA VILLA DRIVE

City DUBLIN State OH Zip Code 43016

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT CLIENT SYS M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR87414213440

Amount of Each Receipt this Period
19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. NICK RAUSCH
Full Name (Last, First, Middle Initial)

Mailing Address 7438 HAMPSTED SQ. N.

City NEW ALBANY	State OH	Zip Code 43054
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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 ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87414513440

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. JOEL COLYER
Full Name (Last, First, Middle Initial)

Mailing Address 3009 ELSPETH COURT

City COLUMBUS	State OH	Zip Code 43231
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87414713440

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

C. JOHN C RADEMACHER
Full Name (Last, First, Middle Initial)

Mailing Address 5006 ROSALIND LANE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation PRESIDENT, AMBULATOR
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87414813440

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SAMER ABDUL-SAMAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6271 BELVEDERE GREEN BLVD
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, TREASURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87415013440
 Amount of Each Receipt this Period
 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. DIANNE RADIGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 EASTCHESTER DR
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, COMMUNITY RELATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87415113440
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. SALLY CURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9035 ESIN COURT
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, INVESTOR RELATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87415213440
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GEORGE S S BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 246 E. SYCAMORE ST.
 City COLUMBUS State OH Zip Code 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CHAIRMAN/CEO, CARDIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87415313440
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

B. VINCENT D D TRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2752 W 131ST TERRACE
 City LEAWOOD State KS Zip Code 66209
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87415413440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MARK PILKINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8191 HILLINGDON 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, STRATEGY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87415813440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	240.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. CRAIG MORFORD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR87415913440
Mailing Address 5565 LAKE SHORE AVE,		Amount of Each Receipt this Period 192.30
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF COMPLIANCE & L	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. TOHID A VAHEDIAN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR87416313440
Mailing Address 1857 COLLINGSWOOD RD		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL J J MANGIONE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 Transaction ID : PR87416413440
Mailing Address 10733 JONES ROAD		Amount of Each Receipt this Period 19.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	236.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87416513440

Amount of Each Receipt this Period

19.00

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

B. SEAN P WATERS
Full Name (Last, First, Middle Initial)

Mailing Address 2621 EAST ARABIAN DRIVE

City GILBERT	State AZ	Zip Code 85296
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SR. DIR, CHEM/PHARMA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87417113440

Amount of Each Receipt this Period

19.00

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

C. 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 ▼ **990.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87417213440

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	88.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 115 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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, OPERATIONS SERVI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87417313440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87417413440
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87417513440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 116 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CARROLL B B CALLICOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8050 LESIA DRIVE
 City DENHAM SPRINGS State LA Zip Code 70706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87417813440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID S ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 E CYNTHIA TRAIL
 City GOODLETTSVILLE State TN Zip Code 37072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PHARMACIST II, NUCLE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87418013440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87418113440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.00
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 117 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARC B MULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 SHERBORNE LANE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, GM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87418513440
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. GEORGANN K N K MATHENY
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 RIDGE AVE
 City State Zip Code
 WEBSTER GROVES MO 63119
 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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87418713440
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. WAYNE J BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 PETREL TRAIL
 City State Zip Code
 BRADENTON FL 34212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, NUCLEAR PHARMAC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87418813440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00
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 118 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. CRAIG ROTHMAN
Full Name (Last, First, Middle Initial)
Mailing Address 42 SEMINOLE WAY
City SHORT HILLS State NJ Zip Code 07078
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87418913440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL A A MARUSA
Full Name (Last, First, Middle Initial)
Mailing Address 1755 WOODLEDGE DRIVE
City STATE COLLEGE State PA Zip Code 16803
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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87419113440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. ANITA ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 27341 DAKOTA AVE.
City ELKO State MN Zip Code 55020
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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87419413440
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 119 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 17841 W. ELSBURY ST.

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 CARDINAL HEALTH, INC SR PROD MGR, PROD OR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87419513440

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 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 VP, QRA MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87419613440

Amount of Each Receipt this Period
 19.00

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

Full Name (Last, First, Middle Initial)
C. SCOTT F BILLMAN

Mailing Address 5345 RUFFORD STREET

City State Zip Code
 WESTERVILLE OH 43081

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

Name of Employer Occupation
 CARDINAL HEALTH, INC DIRECTOR OF LOGISTIC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR87419813440

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00

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 120 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ALFREDO S S RUSSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 MANCHESTER COURT
 City COLUMBUS State NJ Zip Code 08022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, REGULATORY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87420113440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID K KORENSTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4568 NEISWANDER SQUARE
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, LITIGA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87420213440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. RICHARD W W WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 991
 City SUMNER State WA Zip Code 98390
 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87420313440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROGELIO A A ARMINO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 6723 STILLHOUSE LN		Transaction ID : PR87420413440
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MASTER BLACK BE	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 ▼ 399.00	

Full Name (Last, First, Middle Initial) B. ELEANOR M M DAUFENBACH		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 2029 W. LANE AVENUE		Transaction ID : PR87420513440
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CLINICAL OPS MG	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 ▼ 399.00	

Full Name (Last, First, Middle Initial) C. PATRICIA A MORRISON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 55 EAST ERIE #3801		Transaction ID : PR87420613440
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer CARDINAL HEALTH, INC	Occupation EVP, CIO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3184.50	

SUBTOTAL of Receipts This Page (optional).....▶	230.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARK BLAKE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 129 NORWOOD AVE		Transaction ID : PR87420913440
City MONTCLAIR	State NJ	Zip Code 07043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer CARDINAL HEALTH, INC	Occupation EVP, STRATEGY & CORP	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) B. GILBERTO O QUINTERO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 6650 BRODIE BLVD		Transaction ID : PR87421213440
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 SVP, QRA	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 ▼ 798.00	

Full Name (Last, First, Middle Initial) C. COLIN HATCH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 1351 NOE BIXBY ROAD		Transaction ID : PR87421513440
City COLUMBUS	State OH	Zip Code 43232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TAX TECHNICAL	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 ▼ 399.00	

SUBTOTAL of Receipts This Page (optional).....▶	249.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 152 WEST 117TH STREET

City State Zip Code
CUT OFF LA 70345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87421613440

Amount of Each Receipt this Period
38.00

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

B. DOUGLAS HELMREICH
Full Name (Last, First, Middle Initial)

Mailing Address 6600 DEESIDE DR.

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, MARKET RESEARCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87421713440

Amount of Each Receipt this Period
19.00

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

C. ROBERT J J DOONE
Full Name (Last, First, Middle Initial)

Mailing Address 6119 PEPPERGRASS COURT

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, INTEGRATED LOGIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87422213440

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... **76.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. 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 CNSLT, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87422313440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHELLE M E M ZALUZNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15435 EAGLE TAVERN LANE
 City CENTREVILLE State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87422413440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. NANCY SHAW GOLDSMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2679 BELVOIR BLVD.
 City SHAKER HEIGHTS State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87422613440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	48.00
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 125 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MEGHAN FITZGERALD
Full Name (Last, First, Middle Initial)
Mailing Address 6 MORGAN

City NORWALK	State CT	Zip Code 06851
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation PRES, SPECIALTY SOLU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87422813440

Amount of Each Receipt this Period
50.00

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

B. MARSHA L L ARAGON
Full Name (Last, First, Middle Initial)
Mailing Address 29306 DAKOTA DR

City VALENCIA	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87422913440

Amount of Each Receipt this Period
19.00

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

C. BRADLEY CRAWFORD
Full Name (Last, First, Middle Initial)
Mailing Address 10385 N. WILD CREEK DRIVE

City ORO VALLEY	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation MGR, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt
10 / 15 / 2014
Transaction ID : PR87423013440

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	79.00
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 126 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 1050.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87423113440

Amount of Each Receipt this Period: 50.00

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

B. STEPHEN J J MEDVE
Full Name (Last, First, Middle Initial)

Mailing Address 8153 TIMBLE FALLS 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, TALENT ACQUISIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87423313440

Amount of Each Receipt this Period: 19.00

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

C. TODD A WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 9094 MOORS PLACE N.

City DUBLIN State OH Zip Code 43017

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 ▼ 210.00

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR87423613440

Amount of Each Receipt this Period: 10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00

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 127 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87423713440

Amount of Each Receipt this Period

19.00

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

B. RAMON GREGORY
Full Name (Last, First, Middle Initial)
Mailing Address 9003 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 SVP, CUSTOMER SERVIC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87423913440

Amount of Each Receipt this Period

25.00

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

C. 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 ▼ **2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR87424113440

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	144.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. LAURA A PADGITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6079 JONESWOOD DR.
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, GOVERNMENT RELA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR87424213440
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR93409113440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. CATHY MOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 YORK LANE NORTH
 City COLUMBUS State OH Zip Code 43232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SUPPLIER DIVERS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR93409213440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	48.00
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 129 OF 135
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SUSAN L WATSON
Full Name (Last, First, Middle Initial)

Mailing Address 5963 KIRKWALL CT. E

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, DATA ANALYTICS
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR93409313440

Amount of Each Receipt this Period

98.00

P/R Deduction (\$10.00 Bi-Weekly)

B. SHAUN F YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 8145 SUMMERHOUSE DRIVE WEST

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR93409413440

Amount of Each Receipt this Period

50.00

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

C. KELLY B WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 4556 SATTERTON CIRCLE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR93689213440

Amount of Each Receipt this Period

38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	98.00
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 130 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHARLES SLOAN
Full Name (Last, First, Middle Initial)

Mailing Address 1904 SPRINGCROFT DRIVE

City FRANKLIN State TN Zip Code 37067

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

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, CUST SVC TECHNI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR93689513440

Amount of Each Receipt this Period: **19.00**

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

B. JYOTHIRMAYI MAYI CHERRY
Full Name (Last, First, Middle Initial)

Mailing Address 5136 ABBOTSBURY COURT

City NEW ALBANY State OH Zip Code 43054

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

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, FIN PLNG & ANAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR93938813440

Amount of Each Receipt this Period: **19.00**

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

C. DEBBIE J J MITCHELL
Full Name (Last, First, Middle Initial)

Mailing Address 9 ALBAN MEWS

City NEW ALBANY State OH Zip Code 43054

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

Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, CORPORATE COMMU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR94089913440

Amount of Each Receipt this Period: **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **88.00**

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

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

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

FOR LINE NUMBER: PAGE 131 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. EUSEBIO ZAMORA
 Full Name (Last, First, Middle Initial)
 Mailing Address 9450 TARTAN RIDGE BLVD
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARMACY SUPPOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR94090013440
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DONALD M CASEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7708 TILLINGHAST DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, MEDICAL SEGMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR94134313440
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

C. SHAUNA M LATSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 TOURNAMENT DRIVE
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR99505113440
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 249.30
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 132 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ALAN L DEUTSCHENDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 8243 WORLEY DR.
 City State Zip Code
 LEWIS CENTER OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, DEPLOYMENT LEADE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR99505213440
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. SEAN C RAYNAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 MALLARD DRIVE
 City State Zip Code
 MONROEVILLE PA 15146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, PHARM OPS MGMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR99563113440
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. GE CAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5360 FORT WARD DRIVE
 City State Zip Code
 NEW ALBANY OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, INFO SERVICES &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR99977513440
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	64.00
TOTAL This Period (last page this line number only).....▶	11448.30

**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 AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Klobuchar For Minnesota 2018

Mailing Address PO Box 4146

City State Zip Code
Saint Paul MN 55104

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Sen. Amy Klobuchar

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 8731366

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Pam Bondi for Attorney General

Mailing Address PO Box 10069

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement
Pam Bondi, ATTORNEY GENERAL FL

011

Category/
Type

Candidate Name

Pam Bondi

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : 8736813

Amount of Each Disbursement this Period

1000.00

Pam Bondi, ATTORNEY GENERAL FL

Full Name (Last, First, Middle Initial)

B. Sam Olens for Attorney General

Mailing Address 57 Waddell St

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Sam Olens, ATTORNEY GENERAL GA

011

Category/
Type

Candidate Name

Sam Olens

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : 8736814

Amount of Each Disbursement this Period

500.00

Sam Olens, ATTORNEY GENERAL GA

Full Name (Last, First, Middle Initial)

C. Friends of David Leland

Mailing Address 367 E. Braod St
Suite 1002

City Columbus State OH Zip Code 43215

Purpose of Disbursement
David Leland, STATE HOUSE 22nd OH

011

Category/
Type

Candidate Name

David Leland

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : 8736815

Amount of Each Disbursement this Period

500.00

David Leland, STATE HOUSE 22nd OH

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

2000.00

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

2000.00
