

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

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

2. **FEC IDENTIFICATION NUMBER** C00332833  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Nancy Cushman  
Signature of Treasurer Electronically Filed by Nancy Cushman Date 07 22 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		181673.91
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	181673.91									
(c) Total Receipts (from Line 19) .....	117302.66	117302.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	298976.57	298976.57								
7. Total Disbursements (from Line 31) .....	132500.00	132500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	166476.57	166476.57								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	90425.78	90425.78
(ii) Unitemized .....	26854.66	26854.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	117280.44	117280.44
(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) .....	117280.44	117280.44
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.) .....	22.22	22.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	117302.66	117302.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	117302.66	117302.66

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	86500.00	86500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	46000.00	46000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	132500.00	132500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132500.00	132500.00

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) .....	117280.44	117280.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117280.44	117280.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 79  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Erik A. Lilje</p> <p>Mailing Address 3537 N. Lakeshore Drive</p> <p>City State Zip Code Clemmons NC 27012</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cardinal Health Inc. Occupation VP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>  <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2011</span></p> <p><b>Transaction ID:</b> 3107404</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David Windham</p> <p>Mailing Address 4440 East Brandon Dr.</p> <p>City State Zip Code Marietta GA 30662</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cardinal Health Co. Occupation Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>  <span style="border: 1px solid black; padding: 2px;">05 / 02 / 2011</span></p> <p><b>Transaction ID:</b> 4218204</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) CAROLYN E GRANT</p> <p>Mailing Address 6869 MEADOW GLEN DR</p> <p>City State Zip Code WESTERVILLE OH 43082</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer CARDINAL HEALTH, INC Occupation DIR, FED GOVT RELATI</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">494.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR7795991573</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">494.00</span></p> <p>P/R Deduction (\$38.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1494.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANTHONY D WOO		Date of Receipt
	Mailing Address 6151 HADDO WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 1 1
	City	State	Zip Code
	DUBLIN	OH	43017
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR7796081573
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, CORP DEVEL, FIN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 260.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) AARON L PITTS		Date of Receipt
	Mailing Address 5014 CLOSEBURN CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 1 1
	City	State	Zip Code
	DUBLIN	OH	43017
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR7796091573
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, STRATEGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	<input type="text"/> 650.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN REARDON		Date of Receipt
	Mailing Address 9098 MEDITERRA PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 1 1
	City	State	Zip Code
	DUBLIN	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR7796121573
Name of Employer CARDINAL HEALTH, INC		Occupation VP, QRA MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 260.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1170.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MARYJANE TEW

Mailing Address 6315 DUFFY RD

City State Zip Code  
DELAWARE OH 43015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7796141573

Amount of Each Receipt this Period  
494.00

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

**B.**

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

Mailing Address 4954 ROSEGATE COURT

City State Zip Code  
DUBLIN OH 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 795.60

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7796151573

Amount of Each Receipt this Period  
795.60

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

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM M RAMPY

Mailing Address 103 FOXGLOVE LN

City State Zip Code  
BENTONVILLE AR 72712

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 ▼ 746.33

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7796191573

Amount of Each Receipt this Period  
746.33

P/R Deduction (\$57.41 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2035.93**

**TOTAL** This Period (last page this line 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 / 79  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AMELIA D MCCARTY</p> <p>Mailing Address 5864 LAKEVIEW DR</p> <p>City State Zip Code HILLIARD OH 43026</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CARDINAL HEALTH, INC ASST GEN CSL, REGULA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">247.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR7796201573</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">247.00</span></p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVID A GONZALES</p> <p>Mailing Address 384 COLORADO DRIVE</p> <p>City State Zip Code CEDAR CREEK TX 78612</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CARDINAL HEALTH, INC DIR, STATE GOVT RELA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR7796241573</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">650.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY W HENDERSON</p> <p>Mailing Address 347 MORGAN LN</p> <p>City State Zip Code GAHANNA OH 43230</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CARDINAL HEALTH, INC CHIEF FINANCIAL OFFI</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR7796271573</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">260.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1157.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 10 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
GREGORY J HALVACS

Mailing Address PO BOX 3694

City State Zip Code  
DUBLIN OH 43016

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, CORPORATE SECUR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796281573  
Amount of Each Receipt this Period: 247.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARGARET M LAVALLE

Mailing Address 9410 CULROSS CT

City State Zip Code  
DUBLIN OH 43017

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 ▼ 650.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796301573  
Amount of Each Receipt this Period: 650.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 6146 BALMORAL DRIVE

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP/GM, MIDWEST REGI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796311573  
Amount of Each Receipt this Period: 260.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1157.00

**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 11 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL A DUFFY

Mailing Address 6825 MACNEIL DR

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC EVP, GLOBAL MFG & SU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2011

**Transaction ID:** PR7796321573

Amount of Each Receipt this Period  
260.00

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

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

Mailing Address 4708 MEANDERING WAY

City State Zip Code  
COLLEYVILLE TX 76034

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP/GM, SOUTHWEST RE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2011

**Transaction ID:** PR7796361573

Amount of Each Receipt this Period  
260.00

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

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

Mailing Address 3680 NICOYA COURT

City State Zip Code  
LEWIS CENTER OH 43035

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2011

**Transaction ID:** PR7796411573

Amount of Each Receipt this Period  
1200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1720.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5721 CLOVER LANE

City WESTERVILLE State OH Zip Code 43081

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7796421573

Amount of Each Receipt this Period 377.00

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

**B.** Full Name (Last, First, Middle Initial)  
JACK L COFFEY

Mailing Address 200 BAY SHORE DRIVE

City ROCKWOOD State TN Zip Code 37854

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7796431573

Amount of Each Receipt this Period 950.00

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

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

Mailing Address 7135 FODOR

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, MARKETING MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7796481573

Amount of Each Receipt this Period 260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1587.00

**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 13 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 SVP, GM PRESOURCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796521573  
Amount of Each Receipt this Period: 650.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
SHELLEY A BIRD

Mailing Address 7998 CARAWAY AVE

City State Zip Code  
DUBLIN OH 43016

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

Name of Employer Occupation  
CARDINAL HEALTH, INC EVP, PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796541573  
Amount of Each Receipt this Period: 1300.00  
P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 6 COTTAGE LANE

City State Zip Code  
MARLBORO NJ 07746

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

Name of Employer Occupation  
CARDINAL HEALTH, INC EVP, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796551573  
Amount of Each Receipt this Period: 1300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JESSICA L MAYER

Mailing Address 4852 CARRIGAN RIDGE

City State Zip Code  
DUBLIN OH 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796561573  
Amount of Each Receipt this Period: 390.00  
P/R Deduction (\$30.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARK PILKINGTON

Mailing Address 4367 HICKORY ROCK DR

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 438.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796571573  
Amount of Each Receipt this Period: 438.00  
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 221 W LANCASTER AVE # 2012

City State Zip Code  
FORT WORTH TX 76102

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 ▼ 421.33

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796671573  
Amount of Each Receipt this Period: 421.33  
P/R Deduction (\$32.41 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1249.33

**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: PAGE 15 / 79  
(check only one)

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

**A.**

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

Mailing Address 275 EAST CENTER ST

City State Zip Code  
SHAVERTOWN PA 18708

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 ▼ 253.24

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796751573  
Amount of Each Receipt this Period: 253.24  
P/R Deduction (\$19.48 Bi-Weekly)

**B.**

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

Mailing Address 1490 S RIDGE ROAD

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
CARDINAL HEALTH, INC PRES, MEDICAL CHANNE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 479.05

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796831573  
Amount of Each Receipt this Period: 479.05  
P/R Deduction (\$36.85 Bi-Weekly)

**C.**

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

Mailing Address 3526 PEMBROOKE DR

City State Zip Code  
RICHMOND TX 77469

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 ▼ 899.99

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796921573  
Amount of Each Receipt this Period: 899.99  
P/R Deduction (\$69.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1632.28**

**TOTAL** This Period (last page this line 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 16 / 79  
(check only one)

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

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

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, MKTG & PRODUCT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 394.55

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796951573  
Amount of Each Receipt this Period: 394.55  
P/R Deduction (\$30.35 Bi-Weekly)

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

Mailing Address 1368 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, APP DESIGN & DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.53

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7796991573  
Amount of Each Receipt this Period: 231.53  
P/R Deduction (\$17.81 Bi-Weekly)

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

Mailing Address 900 WYNDHAM HILL CT

City State Zip Code  
SOUTH LAKE TX 76092

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 ▼ 240.37

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7797051573  
Amount of Each Receipt this Period: 240.37  
P/R Deduction (\$18.49 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **866.45**

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

**SCHEDULE A (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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANTHONY A HUNT		Date of Receipt
	Mailing Address 10208 HOLLYBROOK DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	CHARLOTTE	NC	28277
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR7797101573
Name of Employer CARDINAL HEALTH, INC		Occupation VP, ACCOUNT (STRAT A)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.77	215.77
			P/R Deduction (\$16.31 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) GARY G CACCIATORE		Date of Receipt
	Mailing Address 3810 LOCH GLEN CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	HOUSTON	TX	77059
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR7797151573
Name of Employer CARDINAL HEALTH, INC		Occupation VP, REGULATORY (ATTY)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 457.34	457.34
			P/R Deduction (\$35.18 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES L SCOTT		Date of Receipt
	Mailing Address 9318 PRATOLINA VILLA DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	DUBLIN	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR7797171573
Name of Employer CARDINAL HEALTH, INC		Occupation SVP, NATIONAL MARKET	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	650.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1323.11</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM OWAD

Mailing Address 7558 HEATHERWOOD LN

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, OPERATIONAL EXC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1303.90

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7797181573  
 Amount of Each Receipt this Period 1303.90  
 P/R Deduction (\$100.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL C KAUFMANN

Mailing Address 7160 TEMPERANCE POINT ST

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7797211573  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN J JACOBSON

Mailing Address 1813 NEWTON AVENUE

City PARK RIDGE State IL Zip Code 60068

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7797261573  
 Amount of Each Receipt this Period 494.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4297.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL A LYNCH</p> <p>Mailing Address 550 E ROSEMARY</p> <p>City State Zip Code <b>LAKE FOREST IL 60045</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer CARDINAL HEALTH, INC      Occupation CEO, MEDICAL SEGMENT</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2499.90</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID: PR7797271573</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2499.90</span></p> <p>P/R Deduction (\$192.30 Bi-Weekly)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL P KENNEDY</p> <p>Mailing Address 4783 VISTA RIDGE DR</p> <p>City State Zip Code <b>DUBLIN OH 43017</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer CARDINAL HEALTH, INC      Occupation SVP, COMPLIANCE</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1303.90</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID: PR7797301573</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1303.90</span></p> <p>P/R Deduction (\$100.30 Bi-Weekly)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) CASSANDRA E BAKER</p> <p>Mailing Address 1751 BARRINGTON RD</p> <p>City State Zip Code <b>UPPER ARLINGTON OH 43221</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer CARDINAL HEALTH, INC      Occupation VP, GOVT RELATIONS M</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">810.81</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID: PR7797391573</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">810.81</span></p> <p>P/R Deduction (\$62.37 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4614.61</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 79  
(check only one)

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

**A.**

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

Mailing Address 2761 SKELTON LN

City State Zip Code  
BLACKLICK OH 43004

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 366.47

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7797411573

Amount of Each Receipt this Period  
366.47

P/R Deduction (\$28.19 Bi-Weekly)

**B.**

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

Mailing Address 2175 LANE RD

City State Zip Code  
COLUMBUS OH 43220

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7797431573

Amount of Each Receipt this Period  
1300.00

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

**C.**

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

Mailing Address 1967 WOODLANDS PLACE

City State Zip Code  
POWELL OH 43065

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

Name of Employer Occupation  
CARDINAL HEALTH, INC CHIEF HUMAN RESOURCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7797461573

Amount of Each Receipt this Period  
2499.90

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4166.37**

**TOTAL** This Period (last page this line 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 21 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID A GOLDSBERRY

Mailing Address 321 ST ANDREWS LN

City State Zip Code  
GURNEE IL 60031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7797511573  
Amount of Each Receipt this Period: 494.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ROBERT GIACALONE

Mailing Address 7471 BALFOURE CIRCLE

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, REG AFFAIRS/CHF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7797731573  
Amount of Each Receipt this Period: 650.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 5633 N KOSTNER AVENUE

City State Zip Code  
CHICAGO IL 60646

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 ▼ 325.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7797881573  
Amount of Each Receipt this Period: 325.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1469.00

**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 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
LINDY J MCLEAN

Mailing Address 7272 BLACK ABBEY CT

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, ACCOUNT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 452.66

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7797971573  
 Amount of Each Receipt this Period 452.66  
 P/R Deduction (\$34.82 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
LAUREL BEELER

Mailing Address 1723 EAGLE TRL

City OXFORD State MI Zip Code 48371

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7798061573  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
STEVE M LAWRENCE

Mailing Address 4868 CARRIGAN RIDGE

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7798101573  
 Amount of Each Receipt this Period 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2077.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 4823 HOMESPUN DR.

City State Zip Code  
FAYETTEVILLE AR 72704

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

Name of Employer Occupation  
CARDINAL HEALTH, INC EXEC, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7798291573

Amount of Each Receipt this Period  
276.11

P/R Deduction (\$15.24 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL L GROESBECK

Mailing Address 33916 N SUMMERFIELDS DR

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, QRA MEDICAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7798381573

Amount of Each Receipt this Period  
520.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KATHY S POPEJOY

Mailing Address 11127 W 59TH AVE

City State Zip Code  
ARVADA CO 80004

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 ▼ 318.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7798411573

Amount of Each Receipt this Period  
318.76

P/R Deduction (\$24.52 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1114.87**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
CONNIE WOODBURN

Mailing Address 9761 ERIN WOODS 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, PROF & GOVT REL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1755.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7798471573  
Amount of Each Receipt this Period: 1755.00  
P/R Deduction (\$135.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
BRIAN WORTH

Mailing Address 5654 ROTHESAY DRIVE

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, HR BUSINESS PAR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7798581573  
Amount of Each Receipt this Period: 325.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT G MURPHY

Mailing Address 10201 SYLVIAN DR

City State Zip Code  
DUBLIN OH 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7798641573  
Amount of Each Receipt this Period: 247.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2327.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DENNIS OTSUKA

Mailing Address 9816 BUCKEYE ST. NW

City State Zip Code  
ALBUQUERQUE NM 87114

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 ▼ 228.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7798801573  
Amount of Each Receipt this Period: 228.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK D NELSON

Mailing Address 7303 DEACON COURT

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, OP EXCELLENCE -

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 506.70

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7798891573  
Amount of Each Receipt this Period: 506.70  
P/R Deduction (\$40.60 Bi-Weekly)

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

Mailing Address 44 LAKE MIST DRIVE

City State Zip Code  
SUGAR LAND TX 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 ▼ 240.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7799261573  
Amount of Each Receipt this Period: 240.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **974.70**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 79  
(check only one)

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

**A.**

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

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, MKTG & PRODUCT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 428.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2011

**Transaction ID:** PR7799471573

Amount of Each Receipt this Period  
428.19

P/R Deduction (\$44.63 Bi-Weekly)

**B.**

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

Mailing Address 3103 SADDLE RIDGE

City State Zip Code  
RICHMOND TX 77469

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 ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2011

**Transaction ID:** PR7799611573

Amount of Each Receipt this Period  
494.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MARK E ROSENBAUM

Mailing Address 632 CHEOWA CIRCLE

City State Zip Code  
KNOXVILLE TN 37919

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

Name of Employer Occupation  
CARDINAL HEALTH, INC CHIEF CUSTOMER OFFIC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2011

**Transaction ID:** PR7799701573

Amount of Each Receipt this Period  
2499.90

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3422.09**

**TOTAL** This Period (last page this line 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 27 / 79  
(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENDELL F SHERRER		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 5724 PARKSIDE CROSSING		Transaction ID: PR7799781573		
	City DUBLIN	State OH	Zip Code 43016	Amount of Each Receipt this Period 261.43	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.11 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, BENEFITS	Aggregate Year-to-Date 261.43		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) ANNLEA C RUMFOLA		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 8314 DAVINGTON DR		Transaction ID: PR7800141573		
	City DUBLIN	State OH	Zip Code 43017	Amount of Each Receipt this Period 494.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, APP DESIGN & DEV	Aggregate Year-to-Date 494.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) DONNA B MANN		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 6666 MCVEY BLVD		Transaction ID: PR7800181573		
	City WEST WORTHINGTON	State OH	Zip Code 43235	Amount of Each Receipt this Period 343.85	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.23 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HR SERVICE DELI	Aggregate Year-to-Date 343.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1099.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN B MERKIN	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1481 COUNTRY LN	<b>Transaction ID:</b> PR7800211573
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KURT D DIECK	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 7037 LAKE TRAIL DR	<b>Transaction ID:</b> PR7800221573
	City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period 494.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, PD BUSINESS EXE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CYNTHIA S RHOMBERG	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 9379 REDAN COURT	<b>Transaction ID:</b> PR7800341573
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 494.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1508.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS P PERRINE

Mailing Address 7249 LONDON LANE

City State Zip Code  
NEW ALBANY OH 43054

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, MEDICAL SEGMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800351573

Amount of Each Receipt this Period  
650.00

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

**B.**

Full Name (Last, First, Middle Initial)  
SALLY CURLEY

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 ▼ 975.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800471573

Amount of Each Receipt this Period  
975.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.**

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

Mailing Address 1038 MILL RD CIRCLE

City State Zip Code  
RYDAL PA 19046

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800481573

Amount of Each Receipt this Period  
2499.90

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4124.90**

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

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

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

FOR LINE NUMBER: PAGE 30 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5565 LAKE SHORE AVE,  
City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011  
Transaction ID: PR7800491573  
Amount of Each Receipt this Period 2499.90  
P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
PATRICIA MORRISON

Mailing Address 55 EAST ERIE #3801  
City CHICAGO State IL Zip Code 60611

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

Name of Employer CARDINAL HEALTH, INC Occupation EVP, CIO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: PR7800501573  
Amount of Each Receipt this Period 650.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

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, NUCLEAR &

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: PR7800511573  
Amount of Each Receipt this Period 1300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4449.90

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MARK BLAKE

Mailing Address 2226 BRYDEN ROAD

City State Zip Code  
COLUMBUS OH 43209

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800521573

Amount of Each Receipt this Period  
2499.90

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

**B.**

Full Name (Last, First, Middle Initial)  
JILL F LANOQUETTE

Mailing Address 19 OLD FARM ROAD

City State Zip Code  
GRANVILLE OH 43023

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, COMM BUSINESS PA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800531573

Amount of Each Receipt this Period  
247.00

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

**C.**

Full Name (Last, First, Middle Initial)  
CINDY ROSER

Mailing Address 5090 PK BROOKE WKWY

City State Zip Code  
ALPHARETTA GA 30022

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP/GM, SOUTHEAST RE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800551573

Amount of Each Receipt this Period  
650.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3396.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LISA MARLING-GEORGE	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 10502 MACKENZIE WAY	<b>Transaction ID:</b> PR7800601573
	City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 247.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, TALENT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL R LEODLER	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 101 SHY BEAR WAY NW	<b>Transaction ID:</b> PR7800611573
	City State Zip Code ISSAQUAH WA 98027	Amount of Each Receipt this Period 247.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, PHYSICAL SECURI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY E GREER	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1570 CAMBRIDGE BLVD	<b>Transaction ID:</b> PR7800641573
	City State Zip Code MARBLE CLIFF OH 43212	Amount of Each Receipt this Period 247.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, IT BUSINESS PAR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>741.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 33 / 79

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL S POGUE		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 1174 GREERS LANDING DR		<b>Transaction ID:</b> PR7800651573		
	City HERNANDO	State MS	Zip Code 38632	Amount of Each Receipt this Period 247.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation DIR, MKTG & PRODUCT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) RACHEL R STOLL		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 420 WAKEFIELD BLUFF COURT		<b>Transaction ID:</b> PR7800661573		
	City ALPHARETTA	State GA	Zip Code 30004	Amount of Each Receipt this Period 247.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation VP, ACCOUNT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) KEITH A RIECKE		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 137 COOPERWYCK RD		<b>Transaction ID:</b> PR7800671573		
	City WENTZVILLE	State MO	Zip Code 63385	Amount of Each Receipt this Period 247.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation DIR, IT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00			

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

741.00

**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 34 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
FRANK E RIDGWAY

Mailing Address 11513 TOTTENHAM PL

City State Zip Code  
RICHMOND VA 23233

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800681573

Amount of Each Receipt this Period  
260.00

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

**B.** Full Name (Last, First, Middle Initial)  
CARL T PETERSON

Mailing Address 2812 PARKHAVEN DR

City State Zip Code  
FLOWER MOUND TX 75022

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 ▼ 494.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800691573

Amount of Each Receipt this Period  
494.00

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

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

Mailing Address 1141 OLD COLONY RD

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, GM SURGICAL PRO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800781573

Amount of Each Receipt this Period  
247.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1001.00**

**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: <span style="float: right;">PAGE 35 / 79</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ERIC M NORMAN</p> <p>Mailing Address 7170 KINGSCOTE CT.</p> <p>City State Zip Code DUBLIN OH 43017</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CARDINAL HEALTH, INC SVP, SALES OPS AND H</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 247.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2011</p> <p><b>Transaction ID:</b> PR7800791573</p> <p>Amount of Each Receipt this Period 247.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) ERIC T BOLLING</p> <p>Mailing Address 13162 THORNTON DRIVE</p> <p>City State Zip Code FRISCO TX 75035</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 247.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2011</p> <p><b>Transaction ID:</b> PR7800801573</p> <p>Amount of Each Receipt this Period 247.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) LINDA L GORDIEN</p> <p>Mailing Address 2135 TULARE CT</p> <p>City State Zip Code UPLAND CA 91784</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2011</p> <p><b>Transaction ID:</b> PR7800811573</p> <p>Amount of Each Receipt this Period 260.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>754.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: PAGE 36 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ADRIANA AYALA

Mailing Address 11016 SW 77 CT CIR

City State Zip Code  
PINECREST FL 33156

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800821573

Amount of Each Receipt this Period  
260.00

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

**B.** Full Name (Last, First, Middle Initial)  
KRISTINA J KALLMEYER

Mailing Address 3940 VILLAGE CLUB 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, ACCOUNT (HEALTH)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800831573

Amount of Each Receipt this Period  
260.00

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

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

Mailing Address 874 AYLESBURY DRIVE

City State Zip Code  
GAHANNA OH 43230

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, PHARMACEUTICAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7800841573

Amount of Each Receipt this Period  
260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 79  
(check only one)

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

**A.**

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

Mailing Address 1955 ENCLAVE DRIVE

City State Zip Code  
MT PLEASANT SC 29464

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 ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7800851573

Amount of Each Receipt this Period  
494.00

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

**B.**

Full Name (Last, First, Middle Initial)  
LINDA S LOCKYER

Mailing Address 1133 NOE STREET

City State Zip Code  
SAN FRANCISCO CA 94114

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7800861573

Amount of Each Receipt this Period  
494.00

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

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL R ROBINSON

Mailing Address 8124 CROOKED OAKS CT

City State Zip Code  
GAINESVILLE VA 20155

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, PHARMACY OPERATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7800871573

Amount of Each Receipt this Period  
494.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1482.00**

**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 38 / 79  
(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ERNEST P ROGERS		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 105 RHINESTONE COURT		<b>Transaction ID:</b> PR7800881573		
	City ELIZABETHTOWN	State KY	Zip Code 42701	Amount of Each Receipt this Period 494.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation VP, CUSTOMER SERVICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES L COBB		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 2948 S. COLONIAL ST.		<b>Transaction ID:</b> PR7800891573		
	City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period 494.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation VP, ACCOUNT (STRAT A)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID LAWRENCE		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 326 VINWOOD LANE		<b>Transaction ID:</b> PR7800911573		
	City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 650.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Bi-Weekly)		
Name of Employer CARDINAL HEALTH, INC		Occupation VP, STRATEGIC PLNG/E			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1638.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MURRAY K WINLAND	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 225 KITDARE DRIVE	<b>Transaction ID:</b> PR7800931573
	City State Zip Code DELAWARE OH 43015	Amount of Each Receipt this Period 247.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, LEARNING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MARTHA HUSTON	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 490 E. SUNBURST LN	<b>Transaction ID:</b> PR7800941573
	City State Zip Code TEMPE AZ 85284	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC SVP/GM, WEST REGION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) LOUIS A MAYLE	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4 WHITTIER RD	<b>Transaction ID:</b> PR7800971573
	City State Zip Code MARBLEHEAD MA 01945	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC SVP/GM, NORTHEAST RE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 79  
(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STUART G LAWS		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 5635 CYPRESS COURT		Transaction ID: PR7800981573		
	City WESTERVILLE	State OH	Zip Code 43082	Amount of Each Receipt this Period 247.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, CHIEF ACCOUNTIN	Aggregate Year-to-Date 247.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL A MARUSA		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 38 ALPINE CIRCLE		Transaction ID: PR7801011573		
	City SANDY HOOK	State CT	Zip Code 06482	Amount of Each Receipt this Period 494.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH	Aggregate Year-to-Date 494.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY W BAXTER		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 9601 ST REGIS TERR		Transaction ID: PR7801021573		
	City RICHMOND	State VA	Zip Code 23236	Amount of Each Receipt this Period 494.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS & ACCO	Aggregate Year-to-Date 494.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
LOIS A BARRETT

Mailing Address 2934 CENTRAL ST #3E

City State Zip Code  
EVANSTON IL 60201

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 ▼ 456.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7801031573  
Amount of Each Receipt this Period: 456.00  
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 6851 KILLILEA DRIVE

City State Zip Code  
DUBLIN OH 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7801041573  
Amount of Each Receipt this Period: 650.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 20 MCCUE RD

City State Zip Code  
MORGANVILLE NJ 07751

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7801071573  
Amount of Each Receipt this Period: 247.00  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1353.00**

**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 42 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
ANDREW W WEHR

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 ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7801081573

Amount of Each Receipt this Period  
247.00

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

**B.**

Full Name (Last, First, Middle Initial)  
JASON D MAXWELL

Mailing Address 837 VALLEY ROAD

City State Zip Code  
LAKE FOREST IL 60045

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7801091573

Amount of Each Receipt this Period  
260.00

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

**C.**

Full Name (Last, First, Middle Initial)  
DONALD C GREENWOOD

Mailing Address 323 OLD DUNN COURT

City State Zip Code  
LAKE MARY FL 32746

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 ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7801101573

Amount of Each Receipt this Period  
325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **832.00**

**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 43 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL A MONE  
 Mailing Address 4909 SCENIC CREEK DR  
 City State Zip Code  
 POWELL OH 43065  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** PR7801111573  
 Amount of Each Receipt this Period  
 494.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, QRA MGMT  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 494.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM B CHRISTIAN  
 Mailing Address 3325 LITTLEPORT LANE  
 City State Zip Code  
 ACWORTH GA 30101  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** PR7801121573  
 Amount of Each Receipt this Period  
 494.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 494.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
BENN SLEDGE  
 Mailing Address 8016 W 138TH TERRACE  
 City State Zip Code  
 OVERLAND PARK KS 66223  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** PR7801131573  
 Amount of Each Receipt this Period  
 494.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A)  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 494.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1482.00  
**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 44 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
GILBERTO QUINTERO

Mailing Address 6650 BRODIE BLVD

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7801141573  
 Amount of Each Receipt this Period 494.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAO V PHO

Mailing Address 5827 STONECREST DR.

City AGOURA HILLS State CA Zip Code 91301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7801171573  
 Amount of Each Receipt this Period 247.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ANDREW T ALDERMAN

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 ▼ 494.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR7801181573  
 Amount of Each Receipt this Period 494.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1235.00

**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 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
BENSON P YANG

Mailing Address 15 YEW COURT

City State Zip Code  
SAN RAFAEL CA 94903

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801191573

Amount of Each Receipt this Period  
494.00

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

**B.** Full Name (Last, First, Middle Initial)  
JOHN S LINDSEY

Mailing Address 50 TIMBERKNOLL LOOP

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801211573

Amount of Each Receipt this Period  
494.00

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

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

Mailing Address 5928 ROUNDSTONE

City State Zip Code  
DUBLIN OH 43016

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, OPERATIONAL EXCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801221573

Amount of Each Receipt this Period  
494.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1482.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGORY BOGGS		Date of Receipt
	Mailing Address 7746 POLO LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	POWELL	OH	43065
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR7801231573
Name of Employer CARDINAL HEALTH, INC		Occupation VP, APP DESIGN & DEV	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00	<input type="text"/> 247.00
			P/R Deduction (\$19.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN J BYRNES		Date of Receipt
	Mailing Address 161 TUCKER DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	WORTHINGTON	OH	43085
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR7801241573
Name of Employer CARDINAL HEALTH, INC		Occupation VP, TAX TECHNICAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00	<input type="text"/> 494.00
			P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) PETER J BURKE		Date of Receipt
	Mailing Address 912 MILITARY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	GALLOWAY	OH	43119
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR7801271573
Name of Employer CARDINAL HEALTH, INC		Occupation VP, SALES OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00	<input type="text"/> 247.00
			P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 988.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH M KRENZER

Mailing Address 343 MILFORD DR

City State Zip Code  
DEERFIELD IL 60015

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

Name of Employer Occupation  
CARDINAL HEALTH, INC SVP, MANUFACTURING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801281573

Amount of Each Receipt this Period  
247.00

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

**B.** Full Name (Last, First, Middle Initial)  
SCOTT CULVER

Mailing Address 4324 SAVANNAH LN

City State Zip Code  
SPRINGDALE AR 72762

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 ▼ 247.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801291573

Amount of Each Receipt this Period  
247.00

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

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

Mailing Address 3333 HAWKS RIDGE DR

City State Zip Code  
LAKELAND FL 33810

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 ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801301573

Amount of Each Receipt this Period  
260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **754.00**

**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 48 / 79  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
TOHID A VAHEDIAN

Mailing Address 1857 COLLINGSWOOD RD

City State Zip Code  
COLUMBUS OH 43221

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 ▼ 325.00

Date of Receipt: 06 / 30 / 2011

Transaction ID: PR7801311573

Amount of Each Receipt this Period: 325.00

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

**B.**

Full Name (Last, First, Middle Initial)  
RAJEEVE KAUL

Mailing Address 6669 BRODIE BLVD

City State Zip Code  
DUBLIN OH 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2011

Transaction ID: PR7801321573

Amount of Each Receipt this Period: 260.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ROBERTSTEPHEN THOMPSON

Mailing Address 8338 AMBERLEIGH WAY

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, OP EXCELLENCE DE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2011

Transaction ID: PR7801331573

Amount of Each Receipt this Period: 325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **910.00**

**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 49 / 79  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
KENNETH H ROBINETTE

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, OPERATIONAL EXCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7801341573

Amount of Each Receipt this Period 494.00

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

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

Mailing Address 14607 VILLALONGA LN

City CHARLOTTE State NC Zip Code 28277

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7801361573

Amount of Each Receipt this Period 247.00

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

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

Mailing Address 14341 CANTERBURY

City LEAWOOD State KS Zip Code 66224

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 ▼ 247.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7801371573

Amount of Each Receipt this Period 247.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 988.00

**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 50 / 79  
(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
							17

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

**A.**

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

Mailing Address 3965 CLEARLAKE CIRCL

City State Zip Code  
ZANESVILLE OH 43701

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, ACCOUNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801381573

Amount of Each Receipt this Period  
325.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ANDREW 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, INVENTORY MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801391573

Amount of Each Receipt this Period  
494.00

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

**C.**

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

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 ▼ 494.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR7801401573

Amount of Each Receipt this Period  
494.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1313.00**

**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 51 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
JON GIACOMIN

Mailing Address 6792 INGALLS CT

City State Zip Code  
GALENA OH 43021

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

Name of Employer Occupation  
CARDINAL HEALTH, INC EVP, OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7801421573

Amount of Each Receipt this Period  
975.00

P/R Deduction (\$75.00 Bi-Weekly)

**B.**

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

Mailing Address 10834 S 166TH ST

City State Zip Code  
OMAHA NE 68136

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7801431573

Amount of Each Receipt this Period  
650.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ANNEMARIE LA BUE

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 ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR7801441573

Amount of Each Receipt this Period  
247.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1872.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL G FARLEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 52 ONONDEGA RD		Transaction ID: PR7801451573		
	City NARRAGANSETT	State RI	Zip Code 02882	Amount of Each Receipt this Period 247.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT	Aggregate Year-to-Date 247.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) EDWARD SULLIVAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 26 BERNON DRIVE		Transaction ID: PR7801461573		
	City LINCOLN	State RI	Zip Code 02865	Amount of Each Receipt this Period 494.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, TERRITORY SALES	Aggregate Year-to-Date 494.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) CRAIG ROTHMAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 42 SEMINOLE WAY		Transaction ID: PR7801471573		
	City SHORT HILLS	State NJ	Zip Code 07078	Amount of Each Receipt this Period 247.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	Aggregate Year-to-Date 247.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	988.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SEAN M MCCAFFREY	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1020 BUCK RUN RD	<b>Transaction ID:</b> PR7801481573
	City SOUTHPOINTE State PA Zip Code 15317	Amount of Each Receipt this Period 494.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK D ZAWADZKI	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 5991 KITCHEN CT	<b>Transaction ID:</b> PR7801491573
	City HILLIARD State OH Zip Code 43026	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DANIEL MOVENS	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 18230 WOODBURY COURT	<b>Transaction ID:</b> PR7801501573
	City NORTHVILLE State MI Zip Code 48168	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, PARMED PHARM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1404.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KATE C SPIRKO		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 6812 SPRUCE PINE DR		<b>Transaction ID:</b> PR7801531573
	City COLUMBUS	State OH	Zip Code 43235
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 494.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	P/R Deduction (\$38.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM S CLAUNCH		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 10744 CAMPDEN LAKES BLVD		<b>Transaction ID:</b> PR7801541573
	City DUBLIN	State OH	Zip Code 43016
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 494.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGY MGMT	P/R Deduction (\$38.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) MATTHEW S MARGOLIES		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3065 SUMMER LEAF CT		<b>Transaction ID:</b> PR7801551573
	City GALENA	State OH	Zip Code 43021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 494.00
	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, SALES & MARKETI	P/R Deduction (\$38.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1482.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN R WILLIAMS	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 7026 BLAKEMORE LANE	<b>Transaction ID:</b> PR7801561573
	City State Zip Code DUBLIN OH 43016	Amount of Each Receipt this Period 494.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL J GUASTELLA	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1629 DAVENTRY LANE	<b>Transaction ID:</b> PR7801571573
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 494.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) ANGELA M THOMAS	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 9287 WINDY CREEK DR	<b>Transaction ID:</b> PR7801581573
	City State Zip Code COLUMBUS OH 43240	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC VP, INVENTORY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1208.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 6 MORGAN		<b>Transaction ID:</b> PR7801591573
	City NORWALK	State CT	Zip Code 06851
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer CARDINAL HEALTH, INC	Occupation PRES, SPECIALTY GROU	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CATHERINE S KENWORTHY		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 5000 SLATE RUN WOODS COURT		<b>Transaction ID:</b> PR7801601573
	City COLUMBUS	State OH	Zip Code 43220
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, MARKETING	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN A FIACCO		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 124 FOX HAVEN DRIVE		<b>Transaction ID:</b> PR7986661573
	City O'FALLON	State MO	Zip Code 63368
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 266.00
	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS MGMT -	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1766.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 57 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
BENJAMIN T THOMPSON

Mailing Address 2029 LEWIS CROSSING COURT

City State Zip Code  
KELLER TX 76248

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7986701573  
Amount of Each Receipt this Period: 266.00  
P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 9165 TERRAZZA N CRT

City State Zip Code  
DUBLIN OH 43016

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

Name of Employer Occupation  
CARDINAL HEALTH, INC PRESIDENT, CATEGORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7986721573  
Amount of Each Receipt this Period: 350.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 32 PALISADES PARKWAY

City State Zip Code  
OAK RIDGE TN 37830

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: PR7986731573  
Amount of Each Receipt this Period: 266.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **882.00**

**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 58 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RENE BLOCH

Mailing Address 401 SPRING DRIVE

City State Zip Code  
YORKTOWN HEIGHTS NY 10598

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

Name of Employer Occupation  
CARDINAL HEALTH, INC EXEC TERRITORY SALES

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR7986811573

Amount of Each Receipt this Period

228.00

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

**B.**

Full Name (Last, First, Middle Initial)

SCOTT A MACPHERSON

Mailing Address 57 SCENIC HILLS COURT

City State Zip Code  
BELLE MEAD NJ 08502

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 ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR7986891573

Amount of Each Receipt this Period

228.00

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

**C.**

Full Name (Last, First, Middle Initial)

ERIC M JOHNSON

Mailing Address 8078 TRAIL LAKE DR

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR7987151573

Amount of Each Receipt this Period

228.00

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

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

684.00

**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 59 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BLAIR R WILLIAMS

Mailing Address 663 LYNNFIELD DR

City State Zip Code  
WESTERVILLE OH 43081

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, HR SERVICE CENTE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR7987311573

Amount of Each Receipt this Period

228.00

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

**B.**

Full Name (Last, First, Middle Initial)

LANE CHERAMIE

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 ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR7987451573

Amount of Each Receipt this Period

228.00

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

**C.**

Full Name (Last, First, Middle Initial)

ROBERT WELLS

Mailing Address 301 BRIDLE PATH LANE

City State Zip Code  
ANNAPOLIS MD 21403

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 ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR7989771573

Amount of Each Receipt this Period

228.00

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

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

684.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIZABETH R CARNES	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4830 BROOKSVIEW CIR	<b>Transaction ID:</b> PR7989801573
	City State Zip Code NEW ALBANY OH 43054	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) VANETT MARSHALL	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 5585 PINE CONE CT	<b>Transaction ID:</b> PR7989881573
	City State Zip Code LIBERTY TOWNSHIP OH 45044	Amount of Each Receipt this Period 228.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, INSIDE SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) ISMAEL VILLARREAL	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 7302 EMERALD GLEN DR	<b>Transaction ID:</b> PR7989961573
	City State Zip Code SUGAR LAND TX 77479	Amount of Each Receipt this Period 228.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDINAL HEALTH, INC DIR, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>756.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 61 / 79	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY SCOTT		Date of Receipt		
	Mailing Address 300 W. SPRING STREET #1502		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City COLUMBUS	State OH	Zip Code 43215	<b>Transaction ID:</b> PR8131761573	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.60		
	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM P4 HEALTHCAR		P/R Deduction (\$100.30 Bi-Weekly)	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.60			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.60
<b>TOTAL</b> This Period (last page this line number only) .....	90425.78

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pioneer PAC</p> <p>Mailing Address 2931 East Dublin-Granville Road</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108412</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Guthrie for Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108414</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paulsen for Congress Committee</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108415</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Direct Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) McCarthy for Congress	Transaction ID: 3108416 Date of Disbursement
	Mailing Address PO Box 12667	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2000.00"/>
	Candidate Name Rep. Kevin McCarthy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) America Works PAC	Transaction ID: 3108417 Date of Disbursement
	Mailing Address 426 C Street NE	<input type="text" value="02"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: 3108418 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="02"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Frank Pallone, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schwartz for Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108419 <b>Date of Disbursement</b> 02 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROSKAM PAC</p> <p>Mailing Address 1006 Pendleton St</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108420 <b>Date of Disbursement</b> 02 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Latta for Congress</p> <p>Mailing Address P.O. Box 106</p> <p>City Bowling Green State OH Zip Code 43402</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Robert Latta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108426 <b>Date of Disbursement</b> 03 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stivers for Congress</p> <p>Mailing Address 4679 Winterset Dr</p> <p>City Columbus State OH Zip Code 43220</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108427 <b>Date of Disbursement</b> 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4218207 <b>Date of Disbursement</b> 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Ms. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4218213 <b>Date of Disbursement</b> 04 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>

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

11500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kind for Congress	Transaction ID: 4218257 Date of Disbursement
	Mailing Address 205 5th Avenue South Suite 428	<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Ron Kind	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Upton for All of Us	Transaction ID: 4218258 Date of Disbursement
	Mailing Address P.O. Box 490	<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City St. Joseph State MI Zip Code 49085	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Frederick Stephen Upton	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: 4218259 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Michael Avery Ross	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Sen. Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District:</p>	<p><b>Transaction ID:</b> 4218269</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Orrin PAC</p> <p>Mailing Address 6510 Anna Maria Court</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 4218270</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 09</p>	<p><b>Transaction ID:</b> 4218271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Direct Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Johnson For Congress Committee Mailing Address 3755 Hunters Hill City Poland State OH Zip Code 44514 Purpose of Disbursement Direct Contribution Candidate Name Mr. Bill Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4322120 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Direct Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Volunteers for Shimkus Mailing Address P.O. Box 661 PO Box 5458 City Collinsville State IL Zip Code 62234 Purpose of Disbursement Direct Contribution Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4322121 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00 Direct Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Promoting Our Republican Team PAC Mailing Address 4449 Easton Way, Ste 2057 City Columbus State OH Zip Code 43219 Purpose of Disbursement Direct Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4323866 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00 Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Boehner for Speaker</p> <p>Mailing Address 100 E. Broad St. Ste 2330</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4324861</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gene Green Congressional Committee</p> <p>Mailing Address P.O. Box 16128</p> <p>City Houston State TX Zip Code 77222-6128</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 29</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4570710</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gibbs For Congress</p> <p>Mailing Address 211 S. Fifth St</p> <p>City Calumbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Mr. Robert Gibbs</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4570711</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Direct Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 70 / 79

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

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

A.	Full Name (Last, First, Middle Initial) Orrin PAC	Transaction ID: 4570712 Date of Disbursement 06 / 10 / 2011
	Mailing Address 6510 Anna Maria Court	Amount of Each Disbursement this Period 3000.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Direct Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Joe Walsh For Congress Committee, Inc.	Transaction ID: 4572405 Date of Disbursement 06 / 15 / 2011
	Mailing Address 830 W. Route 22 #B56	Amount of Each Disbursement this Period 5000.00
	City Lake Zurich State IL Zip Code 60047	
	Purpose of Disbursement Direct Contribution Candidate Name Mr. Joe Walsh	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: 4572406 Date of Disbursement 06 / 15 / 2011
	Mailing Address 2931 E Dublin Granville Road Suite 190	Amount of Each Disbursement this Period 5000.00
	City Columbus State OH Zip Code 43231	
	Purpose of Disbursement Direct Contribution Candidate Name Rep. Patrick J. Tiberi	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Burgess for Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Direct Contribution Candidate Name Rep. Michael C. Burgess, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4630347 Date of Disbursement 06 / 17 / 2011
	Amount of Each Disbursement this Period 5000.00 Direct Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Mckinley For Congress Mailing Address 32 20th Street City Wheeling State WV Zip Code 26003 Purpose of Disbursement Direct Contribution Candidate Name Mr. David McKinley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5303091 Date of Disbursement 06 / 29 / 2011
	Amount of Each Disbursement this Period 2000.00 Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7000.00

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

86500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Coleman for Columbus</p> <p>Mailing Address 550 E. Walnut Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Michael B. Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 3108413</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Carey</p> <p>Mailing Address 401 S. Arkansas Avenue</p> <p>City Wellston State OH Zip Code 45692</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name John Carey</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 3108421</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney</p> <p>Mailing Address 357 E Torrence Rd</p> <p>City Columbus State OH Zip Code 43214-3837</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name John Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 22</p>	<p><b>Transaction ID:</b> 3108422</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Direct Contribution</p>

**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 A/K/A Cardinal Health Companies PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Anne Gonzales</p> <p>Mailing Address 865 Macon Alley</p> <p>City Columbus State OH Zip Code 43206</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Anne Gonzales</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108423 <b>Date of Disbursement</b> 03 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Heard</p> <p>Mailing Address 87 S Hampton Rd</p> <p>City Columbus State OH Zip Code 43213-1606</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Tracey Heard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108424 <b>Date of Disbursement</b> 03 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Lynn Wachtmann</p> <p>Mailing Address 550 Euclid Avenue</p> <p>City Napoleon State OH Zip Code 43545</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Lynn R. Wachtmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 75</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3108425 <b>Date of Disbursement</b> 03 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens For Amstutz  Mailing Address 4456 Wood Lake Trl  City Wooster State OH Zip Code 44691-8582 Purpose of Disbursement Ron Amstutz, STATE HOUSE 3rd OH Candidate Name Ron Amstutz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4218208 Date of Disbursement 04 / 22 / 2011  Amount of Each Disbursement this Period 2500.00  Ron Amstutz, STATE HOUSE 3rd OH
<b>B.</b>	Full Name (Last, First, Middle Initial) Batchelder for Representative Committee  Mailing Address 4086 Irvine Oval  City Medina State OH Zip Code 44256-9069 Purpose of Disbursement William Batchelder, STATE HOUSE 69th OH Candidate Name William Batchelder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4218209 Date of Disbursement 04 / 22 / 2011  Amount of Each Disbursement this Period 5000.00  William Batchelder, STATE HOUSE 69th OH
<b>C.</b>	Full Name (Last, First, Middle Initial) Team Burke  Mailing Address 275 W 4th St  City Marysville State OH Zip Code 43040-1127 Purpose of Disbursement David Burke, STATE HOUSE 83rd OH Candidate Name David Burke Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 83 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4218210 Date of Disbursement 04 / 22 / 2011  Amount of Each Disbursement this Period 2000.00  David Burke, STATE HOUSE 83rd OH

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

9500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Cheryl Grossman</p> <p>Mailing Address 3955 Brown Park Dr Ste A</p> <p>City Hilliard State OH Zip Code 43026-3137</p> <p>Purpose of Disbursement Cheryl Grossman, STATE HOUSE 23rd OH</p> <p>Candidate Name Cheryl Grossman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 23</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4218211 <b>Date of Disbursement</b> 04 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Cheryl Grossman, STATE HO-USE 23rd OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Mike Duffey</p> <p>Mailing Address 645 Farrington Drive</p> <p>City Worthington State OH Zip Code 43085</p> <p>Purpose of Disbursement Mike Duffey, STATE HOUSE 21st OH</p> <p>Candidate Name OH Rep. Mike Duffey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4218212 <b>Date of Disbursement</b> 04 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Mike Duffey, STATE HOUSE 21st OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Faber</p> <p>Mailing Address 7706 State Route 703</p> <p>City Celina State OH Zip Code 45822-2923</p> <p>Purpose of Disbursement Keith Faber, STATE SENATE 12th OH</p> <p>Candidate Name Keith Faber</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4218216 <b>Date of Disbursement</b> 05 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Keith Faber, STATE SENATE 12th OH</p>

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Shannon Jones  Mailing Address 800 Valley View Point  City Springboro State OH Zip Code 45066  Purpose of Disbursement Shannon Jones, STATE HOUSE 7th OH Candidate Name Shannon Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 07	Transaction ID: 4218217 Date of Disbursement 05 / 06 / 2011	Amount of Each Disbursement this Period 2500.00  Shannon Jones, STATE HOUSE 7th OH
B.	Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon  Mailing Address 2931 E Dublin Granville Rd Ste 190  City Columbus State OH Zip Code 43231-2098  Purpose of Disbursement Kevin Bacon, STATE SENATE 3rd OH Candidate Name Kevin Bacon Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 4218218 Date of Disbursement 05 / 06 / 2011	Amount of Each Disbursement this Period 2500.00  Kevin Bacon, STATE SENATE 3rd OH
C.	Full Name (Last, First, Middle Initial) The Committee for Jim Hughes  Mailing Address 211 S 5th St  City Columbus State OH Zip Code 43215-5203  Purpose of Disbursement Jim Hughes, STATE SENATE 16th OH Candidate Name Jim Hughes Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 4218219 Date of Disbursement 05 / 06 / 2011	Amount of Each Disbursement this Period 1000.00  Jim Hughes, STATE SENATE 16th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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 A/K/A Cardinal Health Companies PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Niehaus  Mailing Address 1131 Little Indian Creek Road  City New Richmond State OH Zip Code 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name Tom Niehaus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 4218220 Date of Disbursement 05 / 06 / 2011  Amount of Each Disbursement this Period 3500.00  Tom Niehaus, STATE SENATE 14th OH
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener  Mailing Address 23 S Center St  City Springfield State OH Zip Code 45502-1201 Purpose of Disbursement Chris Widener, STATE SENATE 10th OH Candidate Name Chris Widener Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 4218232 Date of Disbursement 05 / 06 / 2011  Amount of Each Disbursement this Period 2500.00  Chris Widener, STATE SENA-TE 10th OH
<b>C.</b>	Full Name (Last, First, Middle Initial) The Committee for Jim Hughes  Mailing Address 211 S 5th St  City Columbus State OH Zip Code 43215-5203 Purpose of Disbursement Jim Hughes, STATE SENATE 16th OH Candidate Name Jim Hughes Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 4218260 Date of Disbursement 05 / 12 / 2011  Amount of Each Disbursement this Period 1500.00  Jim Hughes, STATE SENATE 16th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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 A/K/A Cardinal Health Companies PAC

A.	Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	Transaction ID: 4218262 Date of Disbursement 05 / 12 / 2011
	Mailing Address 4679 Winterset Dr	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43220-8113	
	Purpose of Disbursement Direct Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Friends of Senator Cafaro	Transaction ID: 4218264 Date of Disbursement 05 / 19 / 2011
	Mailing Address 600 Warner Rd	Amount of Each Disbursement this Period 1000.00
	City Hubbard State OH Zip Code 44425-2729	
	Purpose of Disbursement Capri Cafaro, STATE SENATE 32nd OH Candidate Name Capri Cafaro	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Capri Cafaro, STATE SENATE 32nd OH

C.	Full Name (Last, First, Middle Initial) Friends of Kris Jordan	Transaction ID: 4218265 Date of Disbursement 05 / 19 / 2011
	Mailing Address 161 Stonebend Dr	Amount of Each Disbursement this Period 2000.00
	City Powell State OH Zip Code 43065-8314	
	Purpose of Disbursement Kris Jordan, STATE HOUSE 2nd OH Candidate Name Kris Jordan	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Kris Jordan, STATE HOUSE 2nd OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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 A/K/A Cardinal Health Companies PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Jay Goyal  Mailing Address 2584 Wahl Dr  City Mansfield State OH Zip Code 44904-1544  Purpose of Disbursement Jay Goyal, STATE HOUSE 73rd OH Candidate Name Jay Goyal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 73	Transaction ID: 4218266 Date of Disbursement 05 / 19 / 2011  Amount of Each Disbursement this Period 500.00  Jay Goyal, STATE HOUSE 73rd OH
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for Garland  Mailing Address 550 E Walnut St  City Columbus State OH Zip Code 43215-5323  Purpose of Disbursement Nancy Garland, STATE HOUSE 20th OH Candidate Name Nancy Garland Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 20	Transaction ID: 4218267 Date of Disbursement 05 / 19 / 2011  Amount of Each Disbursement this Period 500.00  Nancy Garland, STATE HOUSE 20th OH
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Armond Budish  Mailing Address 23240 Chagrin Blvd Bldg 4 Suite 450  City Beachwood State OH Zip Code 44122-5404  Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH Candidate Name Armond Budish Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	Transaction ID: 4218268 Date of Disbursement 05 / 19 / 2011  Amount of Each Disbursement this Period 1000.00  Armond Budish, STATE HOUSE 8th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>46000.00</b>