



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="191856.82"/>	<input type="text" value="191856.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="217189.68"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="22379.71"/>	<input type="text" value="101212.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="239569.39"/>	<input type="text" value="293069.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36500.00"/>	<input type="text" value="90000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="203069.39"/>	<input type="text" value="203069.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13268.56	40503.34
(ii) Unitemized .....	9067.84	58068.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22336.40	98572.04
(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) .....	22336.40	98572.04
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	43.31	140.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22379.71	101212.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22379.71	101212.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	66500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	19000.00	23500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36500.00	90000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36500.00	90000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22336.40	98572.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22336.40	98572.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Erik A. Lilje</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2013 <b>Transaction ID : 7361265</b>
Mailing Address 3537 N. Lakeshore Drive		Amount of Each Receipt this Period 750.00
City Clemmons	State NC	
Zip Code 27012		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cardinal Health Inc.	Occupation VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. OLA M SNOW</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR10055345883</b>
Mailing Address 267 DONERAIL AVE		Amount of Each Receipt this Period 100.00
City POWELL	State OH	
Zip Code 43065		Aggregate Year-to-Date ▼ 450.00
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

Full Name (Last, First, Middle Initial) <b>C. ROBERT F F GLOVER</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8737745883</b>
Mailing Address 5633 N KOSTNER AVENUE		Amount of Each Receipt this Period 50.00
City CHICAGO	State IL	
Zip Code 60646		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. THOMAS E E HUNT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8093 WILDWOOD LANE  
City DARIEN State IL Zip Code 60561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: EXEC, ACCOUNT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR873775883**  
Amount of Each Receipt this Period: **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. LINDA S LOCKYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1133 NOE STREET  
City SAN FRANCISCO State CA Zip Code 94114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT (HEALTH)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **342.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR8737785883**  
Amount of Each Receipt this Period: **76.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**C. RONALD A A DEDELS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1080 BIG WATER POINT  
City GREENSBORO State GA Zip Code 30642  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, SALES OPERATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR8737805883**  
Amount of Each Receipt this Period: **60.00**  
P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **186.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. LOIS A BARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2934 CENTRAL ST #3E  
 City EVANSTON State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8737815883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. ANTHONY J J CAPRIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 COTTAGE LANE  
 City MARLBORO State NJ Zip Code 07746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8737935883**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. KATHY S POPEJOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11127 W 59TH AVE  
 City ARVADA State CO Zip Code 80004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8737945883**  
 Amount of Each Receipt this Period 51.12  
 P/R Deduction (\$25.56 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	327.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. FREDERICK D CK D NELSON</b>		Date of Receipt
Mailing Address 7303 DEACON COURT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DUBLIN	OH	43017
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR8737965883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="82.84"/>
Name of Employer	Occupation	P/R Deduction (\$41.42 Bi-Weekly)
CARDINAL HEALTH, INC	VP, ACCOUNT (STRAT A)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="372.78"/>	

Full Name (Last, First, Middle Initial) <b>B. LISA A ASHBY</b>		Date of Receipt
Mailing Address 605 MUIRFIELD CT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUGUSTA	GA	30907
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR8738005883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	P/R Deduction (\$50.00 Bi-Weekly)
CARDINAL HEALTH, INC	PRESIDENT, CATEGORY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN T N T THOMPSON</b>		Date of Receipt
Mailing Address 2029 LEWIS CROSSING COURT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
KELLER	TX	76248
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR8738145883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	NVP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="342.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="258.84"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

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

**A. DEBRA L SCHOTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 2351 THORNWOOD AVENUE

City WILMETTE State IL Zip Code 60091

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PATIENT CARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8738275883**

Amount of Each Receipt this Period  
 50.00

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

**B. CINDY ROSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5090 PK BROOKE WKWY

City ALPHARETTA State GA Zip Code 30022

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8738335883**

Amount of Each Receipt this Period  
 50.00

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

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

Mailing Address 1490 S RIDGE ROAD

City LAKE FOREST State IL Zip Code 60045

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8738355883**

Amount of Each Receipt this Period  
 75.76

P/R Deduction (\$37.88 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
<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. SUSAN J JACOBSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 EAST MONROE #4606  
 City CHICAGO State IL Zip Code 60603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8738455883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. KATE C SPIRKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6812 SPRUCE PINE DR  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8738515883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. CHARLES L L COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4038 E. RED OAK LN.  
 City GILBERT State AZ Zip Code 85297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8738545883**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<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 13 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RENE BLOCH</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR8738845883</b>
Mailing Address 401 SPRING DRIVE		Amount of Each Receipt this Period 76.00
City YORKTOWN HEIGHTS	State NY	Zip Code 10598
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EXEC TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. ANNLEA C C RUMFOLA</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR8738855883</b>
Mailing Address 8314 DAVINGTON DR		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, SOFTWARE ENGINEER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JOHN A FIACCO</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR8738865883</b>
Mailing Address 124 FOX HAVEN DRIVE		Amount of Each Receipt this Period 76.00
City O'FALLON	State MO	Zip Code 63368
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS MGMT -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.00
<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 14 OF 50
	<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	

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

Mailing Address 4954 ROSEGATE COURT

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.80

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8738945883**

Amount of Each Receipt this Period 122.40

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

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

Mailing Address 5721 CLOVER LANE

City WESTERVILLE State OH Zip Code 43081

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8738965883**

Amount of Each Receipt this Period 58.00

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

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

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77406

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 623.07

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739035883**

Amount of Each Receipt this Period 138.46

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.86

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT S S SUMMERS</b>		Date of Receipt
Mailing Address 146 CHASELY CIRCLE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
POWELL	OH	43065
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR8739055883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.70"/>
Name of Employer	Occupation	P/R Deduction (\$30.35 Bi-Weekly)
CARDINAL HEALTH, INC	DIR, MKTG & PRODUCT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="273.15"/>	

Full Name (Last, First, Middle Initial) <b>B. SEAN M MCCAFFREY</b>		Date of Receipt
Mailing Address 1020 BUCK RUN RD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SOUTHPOINTE	PA	15317
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR8739075883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, OPERATIONS MGMT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="342.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GARY G CACCIATORE</b>		Date of Receipt
Mailing Address 3810 LOCH GLEN CT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
HOUSTON	TX	77059
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR8739195883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="74.50"/>
Name of Employer	Occupation	P/R Deduction (\$37.25 Bi-Weekly)
CARDINAL HEALTH, INC	VP, ASC GEN CSL, REG	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="335.25"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="211.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

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

**A. JAMES L SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 9318 PRATOLINA VILLA DRIVE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, NATIONAL MARKET
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR8739225883**

Amount of Each Receipt this Period  

100.00
--------

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

**B. BRADLEY G G COCHRAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2589 AIKIN CIRCLE S

City LEWIS CENTER	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR8739245883**

Amount of Each Receipt this Period  

76.00
-------

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

**C. WILLIAM OWAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7558 HEATHERWOOD LN

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **902.70**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR8739255883**

Amount of Each Receipt this Period  

200.60
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>376.60</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 17 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3965 CLEARLAKE CIRCL

City ZANESVILLE State OH Zip Code 43701

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739305883**

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 6851 KILLILEA DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739315883**

Amount of Each Receipt this Period 100.00

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

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

Mailing Address 9410 CULROSS CT

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739355883**

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MICHAEL C C KAUFMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7160 TEMPERANCE POINT ST  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739385883**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PETER A STOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1955 ENCLAVE DRIVE  
 City MT PLEASANT State SC Zip Code 29464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739425883**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. KEVIN M KANNALLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14529 ROBINSON RD  
 City PLAIN CITY State OH Zip Code 43064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739475883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	498.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MICHAEL P P KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4783 VISTA RIDGE DR  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 802.40

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739505883**  
 Amount of Each Receipt this Period 200.60  
 P/R Deduction (\$100.30 Bi-Weekly)

**B. CYNTHIA S S RHOMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9379 REDAN COURT  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739535883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. CAROLYN E E GRANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6869 MEADOW GLEN DR  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8739545883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	352.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. AARON L PITTS</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR8739575883</b>
Mailing Address 5014 CLOSEBURN CT		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, SALES & MARKETI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. TROY L HANSON</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR8739585883</b>
Mailing Address 5622 DORSEY DRIVE		Amount of Each Receipt this Period 91.36
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.12	P/R Deduction (\$45.68 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. CASSANDRA E RA E BAKER</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR8739645883</b>
Mailing Address 1751 BARRINGTON RD		Amount of Each Receipt this Period 131.68
City UPPER ARLINGTON	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, GOV'T RELATIONS M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.56	P/R Deduction (\$65.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	323.04
<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 21 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2761 SKELTON LN

City BLACKLICK State OH Zip Code 43004

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **308.97**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8739665883**

Amount of Each Receipt this Period **68.66**

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

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

Mailing Address 2175 LANE RD

City COLUMBUS State OH Zip Code 43220

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8739685883**

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 1967 WOODLANDS PLACE

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF HUMAN RESOURCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8739725883**

Amount of Each Receipt this Period **384.60**

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

**SUBTOTAL** of Receipts This Page (optional)..... **653.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JON GIACOMIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8739745883</b>
Mailing Address 6792 INGALLS CT		Amount of Each Receipt this Period 150.00
City GALENA	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP, OPERATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. ROBERT GIACALONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8739785883</b>
Mailing Address 7471 BALFOURE CIRCLE		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, REG AFFAIRS/CHF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MICHAEL D D BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8739825883</b>
Mailing Address 3103 SADDLE RIDGE		Amount of Each Receipt this Period 76.00
City RICHMOND	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS & ACCO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.00
<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 23 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. KATHRYN J J ABLEIDINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 ASHBURY CT  
 City HUDSON State WI Zip Code 54016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8739905883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. DANIEL R R ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8124 CROOKED OAKS CT  
 City GAINESVILLE State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8739915883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. STEVE M LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4868 CARRIGAN RIDGE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8739925883**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 352.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 326 VINWOOD LANE

City State Zip Code  
POWELL OH 43065

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, STRATEGIC PLNG/E

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : PR8739945883**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 815 HAMMOCK LANE

City State Zip Code  
KNOXVILLE TN 37934

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 ▼ 1730.70

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : PR8739955883**

Amount of Each Receipt this Period  
384.60

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

**C. DAVID E GAJESKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 21406 SAUNTON DR

City State Zip Code  
KATY TX 77450

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 ▼ 342.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : PR8740035883**

Amount of Each Receipt this Period  
76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. THERESA L L GOULD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3418 BIG HICKORY DR.  
 City KINGWOOD State TX Zip Code 77345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8740135883**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. CONNIE WOODBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9761 ERIN WOODS DR  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PROF & GOV'T REL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1215.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8740155883**  
 Amount of Each Receipt this Period 270.00  
 P/R Deduction (\$135.00 Bi-Weekly)

**C. ROBBIE D D JORGENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 MORTS DRIVE  
 City WENTZVILLE State MO Zip Code 63385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8740165883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 396.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BRIAN WORTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5654 ROTHESAY DRIVE  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, HR BUSINESS PAR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR8740195883**  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B. ERIC C CHRISTENSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2481 SUTTER PARKWAY  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ASC GEN CSL, COM  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR8740245883**  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C. BLAIR R WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 663 LYNNFIELD DR  
City WESTERVILLE State OH Zip Code 43081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, HR MANAGEMENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **342.00**

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR8740315883**  
Amount of Each Receipt this Period: 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
<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. ANDREW R R KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3732

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8740335883**

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 8078 TRAIL LAKE DR

City POWELL State OH Zip Code 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8740405883**

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 6666 MCVEY BLVD

City WEST WORTHINGTON State OH Zip Code 43235

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **247.86**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8740425883**

Amount of Each Receipt this Period **55.08**

P/R Deduction (\$27.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **207.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARC D DELORENZO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 TILLER DRIVE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8740495883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. WILLIAM B B CHRISTIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3325 LITTLEPORT LANE  
 City ACWORTH State GA Zip Code 30101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8740535883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. MARY W BAXTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9601 ST REGIS TERR  
 City RICHMOND State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8740555883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 50 TIMBERKNOLL LOOP

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, ENTERPRISE INFR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR8740675883**

Amount of Each Receipt this Period  
76.00

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

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

Mailing Address 26061 TWIN POND RD

City LAKE BARRINGTON State IL Zip Code 60010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR8740695883**

Amount of Each Receipt this Period  
76.00

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

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

Mailing Address 161 TUCKER DR

City WORTHINGTON State OH Zip Code 43085

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR8740765883**

Amount of Each Receipt this Period  
76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KENNETH H H ROBINETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9409 AVE MORE CT.  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONAL EXCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8740785883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. BENNY SLEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8016 W 138TH TERRACE  
 City OVERLAND PARK State KS Zip Code 66223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8740895883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. JAMES W HILLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 WOODSTREAM DR  
 City GRAND ISLAND State NY Zip Code 14072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8740905883**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4909 SCENIC CREEK DR

City POWELL State OH Zip Code 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8740955883**

Amount of Each Receipt this Period **76.00**

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

**B. MARTHA HUSTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 490 E. SUNBURST LN

City TEMPE State AZ Zip Code 85284

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, WEST REGION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8741015883**

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 14402 MARINA SAN PABLO PLACE # 1002

City JACKSONVILLE State FL Zip Code 32224-0828

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR8741035883**

Amount of Each Receipt this Period **50.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANDREW T T ALDERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 LEICESTER PL.  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8741055883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. SHELLEY A A BIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7998 CARAWAY AVE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, PUBLIC AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8741065883**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. ROBERT S S THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8338 AMBERLEIGH WAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OP EXCELLENCE DE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR8741075883**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. ISMAEL VILLARREAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7302 EMERALD GLEN DR  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741105883**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. JESSICA L L MAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4852 CARRIGAN RIDGE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BUS MGMT (ATTY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741175883**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. JOHN C RADEMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5006 ROSALIND LANE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, AMBULATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741485883**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	336.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
<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. DIANNE RADIGAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 900 EASTCHESTER DR  
City GAHANNA State OH Zip Code 43230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, COMMUNITY RELATI  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741515883**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B. SALLY CURLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9035 ESIN COURT  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, INVESTOR RELATI  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741525883**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$75.00 Bi-Weekly)

**C. GEORGE S S BARRETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 246 E. SYCAMORE ST.  
City COLUMBUS State OH Zip Code 43206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation CHAIRMAN/CEO, CARDIN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741535883**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 610.60  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4367 HICKORY ROCK DR

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR8741585883**

Amount of Each Receipt this Period  
**76.00**

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

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

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code  
WESTERVILLE OH 43082

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR8741595883**

Amount of Each Receipt this Period  
**384.60**

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

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

Mailing Address 1570 COUNTRY WALK DR

City State Zip Code  
FLEMING ISLAND FL 32003

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR8741675883**

Amount of Each Receipt this Period  
**76.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **536.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 32 PALISADES PARKWAY

City OAK RIDGE State TN Zip Code 37830

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741725883**

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 10744 CAMPDEN LAKES BLVD

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741735883**

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 10834 S 166TH ST

City OMAHA State NE Zip Code 68136

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741745883**

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BENSON P P YANG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 LAKESIDE DRIVE  
City CORTE MADERA State CA Zip Code 94925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741775883**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B. MARC B MULLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1650 SHERBORNE LANE  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, GM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8741855883**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C. PATRICIA A MORRISON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 EAST ERIE #3801  
City CHICAGO State IL Zip Code 60611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation EVP, CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8742065883**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 276.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARK BLAKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 129 NORWOOD AVE

City MONTCLAIR State NJ Zip Code 07043

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8742095883**

Amount of Each Receipt this Period 384.60

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

**B. GILBERTO O QUINTERO**  
Full Name (Last, First, Middle Initial)

Mailing Address 6650 BRODIE BLVD

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8742125883**

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 152 WEST 117TH STREET

City CUT OFF State LA Zip Code 70345

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR8742165883**

Amount of Each Receipt this Period 76.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 536.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8742195883</b>
Mailing Address 300 W. SPRING STREET #1502		Amount of Each Receipt this Period 200.60
City COLUMBUS	State OH	Zip Code 43215
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM P4 HEALTHCAR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 902.70	
		P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. ROBERT WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8742205883</b>
Mailing Address 301 BRIDLE PATH LANE		Amount of Each Receipt this Period 76.00
City ANNAPOLIS	State MD	Zip Code 21403
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ASC GEN CSL, COM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. CATHERINE S NE S KENWORTHY</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8742255883</b>
Mailing Address 5000 SLATE RUN WOODS COURT		Amount of Each Receipt this Period 200.00
City COLUMBUS	State OH	Zip Code 43220
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, CUSTOMER SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
		P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	476.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
<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. MEGHAN FITZGERALD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 MORGAN

City NORWALK	State CT	Zip Code 06851
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation PRES, SPECIALTY SOLU
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR8742285883**

Amount of Each Receipt this Period  

100.00
--------

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

**B. DANIEL MOVENS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 987 RETREAT LANE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, PARMED PHARM
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR8742315883**

Amount of Each Receipt this Period  

100.00
--------

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

**C. MATTHEW G G BAKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13602 ASHLEY RUN

City HOUSTON	State TX	Zip Code 77077
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR8742355883**

Amount of Each Receipt this Period  

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>238.00</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 41 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RAMON GREGORY</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8742395883</b>
Mailing Address 9003 MEDITERRA PLACE		Amount of Each Receipt this Period 50.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, CUSTOMER SERVIC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS S AUGUSTINOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR8742415883</b>
Mailing Address 2416 15TH STREET		Amount of Each Receipt this Period 200.00
City SAN FRANCISCO	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HEALTH INFO & S
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. SHAUN F YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR9340945883</b>
Mailing Address 8145 SUMMERHOUSE DRIVE WEST		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 42 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KELLY B WILSON</b>		Date of Receipt
Mailing Address 4556 SATTERTON CIRCLE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DUBLIN	OH	43016
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR9368925883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, HR BUSINESS PART	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="342.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM C C BODINGER</b>		Date of Receipt
Mailing Address 24 BONWIT ROAD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
RYE BROOK	NY	10573
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR9368965883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	P/R Deduction (\$50.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP, GM KINRAY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MICHELLE E GILE</b>		Date of Receipt
Mailing Address 1 HANSON PLACE APT 12L		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
BROOKLYN	NY	11243
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR9368975883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, DIRECT SALES MGM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="342.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="252.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DEBBIE J J MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 ALBAN MEWS  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PUBLIC RELATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR9408995883**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. ROBERT KULIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 ROSY FINCH PLACE  
 City THE WOODLANDS State TX Zip Code 77389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PHARMACY SOL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR9409025883**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. DONALD M CASEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7708 TILLINGHAST DRIVE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, MEDICAL SEGMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR9413435883**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 ELLIOT LANE

City COTO DE CAZA State CA Zip Code 92679

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR9945255883**

Amount of Each Receipt this Period  
**50.00**

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

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

Mailing Address 6069 TOURNAMENT DRIVE

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR9950515883**

Amount of Each Receipt this Period  
**76.00**

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

**C. GE CAO**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 ALY SHEBA LANE

City STAFFORD State VA Zip Code 22556

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, INFO SERVICES &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR9997755883**

Amount of Each Receipt this Period  
**50.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>176.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>13268.56</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Volunteers for Shimkus**

Mailing Address 4990 S Capitol St SW  
Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : 7322494**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address 1707 Prince St #5

City Alexandra State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Joseph Pitts**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : 7322495**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Ms. Diane Black**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : 7322496**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kind for Congress**

Mailing Address 233 Pennsylvania Ave SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	3

**Transaction ID : 7322497**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Goodlatte For Congress**

Mailing Address P.O. Box 3591

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Robert Goodlatte**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : 7348198**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Cantor For Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Eric I. Cantor**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	3

**Transaction ID : 7348199**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Direct Contribution

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Whitfield for Congress**

Mailing Address 499 South Capitol Street SW Ste 42

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**Rep. Edward Whitfield**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7348200**

Amount of Each Disbursement this Period

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Cheryl Grossman**

Mailing Address 3955 Brown Park Dr Ste A

City Hilliard State OH Zip Code 43026-3137

Purpose of Disbursement  
Cheryl Grossman, STATE HOUSE 23rd OH

Candidate Name  
**Cheryl Grossman**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OH District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

**Transaction ID : 7326507**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Cheryl Grossman, STATE HOUSE 23rd OH

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822-2923

Purpose of Disbursement  
Keith Faber, STATE SENATE 12th OH

Candidate Name  
**Keith Faber**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

**Transaction ID : 7332265**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

**C. The Committee for Jim Hughes**

Mailing Address 14 E Gay St

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement  
Jim Hughes, STATE SENATE 16th OH

Candidate Name  
**Jim Hughes**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	3

**Transaction ID : 7364199**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Jim Hughes, STATE SENATE 16th OH

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

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Patton**

Mailing Address 17157 Rabbit Run Dr

City State Zip Code  
Strongsville OH 44136

Purpose of Disbursement  
Thomas Patton, STATE SENATE 24th OH

Candidate Name  
**OH Sen. Thomas Patton**

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

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2013

**Transaction ID : 7364200**

Amount of Each Disbursement this Period

2500.00

Thomas Patton, STATE SENATE 24th OH

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City State Zip Code  
Celina OH 45822-2923

Purpose of Disbursement  
Keith Faber, STATE SENATE 12th OH

Candidate Name  
**Keith Faber**

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

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2013

**Transaction ID : 7364201**

Amount of Each Disbursement this Period

4000.00

Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

**C. Citizens for Kevin Bacon**

Mailing Address 5325 Ponderosa Drive

City State Zip Code  
Columbus OH 43231-2098

Purpose of Disbursement  
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name  
**Kevin Bacon**

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

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2013

**Transaction ID : 7364202**

Amount of Each Disbursement this Period

2500.00

Kevin Bacon, STATE SENATE 3rd OH

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

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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

Category/  
Type

Candidate Name

**Chris Widener**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

/  /

**Transaction ID : 7364203**

Amount of Each Disbursement this Period

Chris Widener, STATE SENATE 10th OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Obhof**

Mailing Address 5206 Crown Point Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Larry Obhof, STATE SENATE 22nd OH

Category/  
Type

Candidate Name

**OH Sen. Larry Obhof**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

/  /

**Transaction ID : 7364204**

Amount of Each Disbursement this Period

Larry Obhof, STATE SENATE 22nd OH

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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