



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="195281.27"/>	<input type="text" value="195281.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="152152.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="38486.58"/>	<input type="text" value="219907.52"/>
(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="190638.79"/>	<input type="text" value="415188.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24000.00"/>	<input type="text" value="248550.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166638.79"/>	<input type="text" value="166638.79"/>
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 AKA Cardinal Health Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34505.09	140648.25
(ii) Unitemized .....	3951.80	79000.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38456.89	219648.34
(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) .....	38456.89	219648.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	29.69	259.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	38486.58	219907.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38486.58	219907.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	166500.00
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 .....	11000.00	82000.00
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)) ..	24000.00	248550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24000.00	248550.00

**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) .....	38456.89	219648.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38456.89	219648.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	50.00
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	50.00

**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 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. OLA M SNOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 267 DONERAIL AVE  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUS PARTNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR100553412777**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. KELLI M KOVAK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 195 N HARBOR DR #802  
City CHICAGO State IL Zip Code 60601  
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 ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR117426312777**  
Amount of Each Receipt this Period 114.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. ROSEMARY PITTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8673 FINLARIG DR.  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR118725312777**  
Amount of Each Receipt this Period 114.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 378.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. RONALD J CLERICO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 485 TRILLIUM DRIVE  
 City State Zip Code  
 GALLOWAY OH 43119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, MARKETING MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR118725412777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MARY L HAMLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 ASHLEY CT  
 City State Zip Code  
 WASHINGTON MO 63090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, TERRITORY SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR120659512777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. KATHERINE BALLAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7531 BARDSTON DRIVE  
 City State Zip Code  
 DUBLIN OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, COMM BUSINESS PA  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR120659612777**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KEVIN WILLIAMSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3155 VICTORIA DRIVE  
 City ALPINE State CA Zip Code 91901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR120659812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. WILLIAM C PUTNAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7812 W. 147TH TERRACE  
 City OVERLAND PARK State KS Zip Code 66223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SCIENTIFIC CONSU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR120659912777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. FRANCISCO J NEGRON SEGARRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address CALLE 4 , E -13 URB. VILLA MERCEDEZ  
 City GUAYNABO State ZZ Zip Code 99999  
 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 08 / 31 / 2014  
**Transaction ID : PR120660012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 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 9 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. LORI J ROEPKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1402 WHEELER DR

City MANSFIELD State TX Zip Code 76063

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS MG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR120669712777**

Amount of Each Receipt this Period **57.00**

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

**B. THERESE GROSSI**  
Full Name (Last, First, Middle Initial)

Mailing Address 17211 WILLOW RDGE CT

City NORTHVILLE State MI Zip Code 48168

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR120669812777**

Amount of Each Receipt this Period **57.00**

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

**C. TIMOTHY W HOUSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 E. KRISTA WAY

City TEMPE State AZ Zip Code 85284

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR120669912777**

Amount of Each Receipt this Period **57.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **171.00**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. TIFFANY P OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15402 HIDDEN OAKS LANE  
 City State Zip Code  
 CARMEL IN 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC PRESIDENT, NUCLEAR &  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3461.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR120670112777**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BRANDON W QUINDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10661 SOUTH 204TH ST  
 City State Zip Code  
 GRETNA NE 68028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR120701112777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. GURU GURUSHANKAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 LE PARC DRIVE  
 City State Zip Code  
 PRINCETON JUNCTION NJ 08550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, GM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR120701212777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 690.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. REGINALD THEVENOT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 DUSTIN COURT

City MANSFIELD State MA Zip Code 02048

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR122694712777**

Amount of Each Receipt this Period **57.00**

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

**B. RICHARD G FULLENKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 8975 PORTOFINO PLACE

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR122694812777**

Amount of Each Receipt this Period **57.00**

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

**C. DENNIS W SEVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1342 WHITE OAK CT.

City NORTH HUNTINGDON State PA Zip Code 15642

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

Name of Employer CARDINAL HEALTH, INC Occupation DIRECTOR, EH&S

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR122779712777**

Amount of Each Receipt this Period **57.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **171.00**

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

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN S NORRIS</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014
Mailing Address 207 KING CT		<b>Transaction ID : PR122779912777</b>
City BULLARD	State TX	Zip Code 75757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MANUFACTURING M	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. GARVIN P PRESCOD</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014
Mailing Address 1109 COLONIAL COURT		<b>Transaction ID : PR122787612777</b>
City EAGLEVILLE	State PA	Zip Code 19403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIRECTOR, EH&S	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. JENNIFER R FERRANG</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014
Mailing Address 24 RAMSEY ROAD		<b>Transaction ID : PR122787712777</b>
City LEBANON	State NJ	Zip Code 08833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.00
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

<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: PAGE 13 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. THOMAS NOVELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6486 SUTCLIFFE DRIVE  
 City ALEXANDRIA State VA Zip Code 22315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOVERNMENT RELAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR122840612777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. SCOTT J WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7504 BREEZY LAKE LANE  
 City FLOWERY BRANCH State GA Zip Code 30521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TRANSPORTATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124937412777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. JEFFREY J EASTERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 984 WESSINGTON MANOR LANE  
 City FORT MILL State SC Zip Code 29715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM CUST ANLYTICS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124937512777**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. THERON B NEESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4855 SPRING PARK CIR

City SUWANNE State GA Zip Code 30024

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 532.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : PR124937612777**

Amount of Each Receipt this Period  
 114.00

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

**B. MARTIN L NEWMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3762 QUAIL HOLLOW

City CELINA State TX Zip Code 75009

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : PR124937712777**

Amount of Each Receipt this Period  
 57.00

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

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

Mailing Address 1212 BRIONNE COURT

City WAXHAW State NC Zip Code 28173

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : PR124937812777**

Amount of Each Receipt this Period  
 60.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 231.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. RYAN K COX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 639 NW FREMONT ST  
 City CAMAS State WA Zip Code 98607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124937912777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. STEPHEN M MASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 347 OAKLAND BEACH AVE.  
 City RYE State NY Zip Code 10580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM KINRAY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ROBERT D WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7560 POLO LANE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC SOURCI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938112777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CHRISTIAN A WENZKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2449 SOUTHWAY DR  
 City COLUMBUS State OH Zip Code 43221  
 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 ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938212777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. NANCY HULA-MILLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8581 THE ISLAND  
 City MEMPHIS State TN Zip Code 38125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938412777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. LUIS E GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5263 SW 152 AVENUE  
 City MIRAMAR State FL Zip Code 33027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, NUCLEAR PHARMACY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938512777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 342.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DANIEL C STELTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 N GARLAND CT APT 4902  
 City CHICAGO State IL Zip Code 60602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, INT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938612777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. STEFAN GRUNWALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9982 ALLEN DRIVE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGIC SOURC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938712777**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. KEVIN TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 GLENN AVENUE  
 City UPPER ARLINGTON State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MKTG & PRODUCT M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124938812777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 273.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MAX J FRIEDAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1554 HEATHERWAE LOOP

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR124938912777**

Amount of Each Receipt this Period  
**60.00**

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

**B. DAVID T ZIMPFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6916 CORAZON DRIVE

City State Zip Code  
DUBLIN OH 43016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR124939012777**

Amount of Each Receipt this Period  
**60.00**

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

**C. RONALD A SCHULTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1209 EAST CORK STREET

City State Zip Code  
KALAMAZOO MI 49001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR124939112777**

Amount of Each Receipt this Period  
**150.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **270.00**

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

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HELENE U GODAT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5442 RIDGEDALE AVENUE

City DALLAS	State TX	Zip Code 75206
----------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR124939312777**

Amount of Each Receipt this Period  

75.00
-------

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

**B. RICHARD P WEHMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6965 LAUREL OAK DR

City SUWANEE	State GA	Zip Code 30024
-----------------	-------------	-------------------

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 ▼ **456.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR124983412777**

Amount of Each Receipt this Period  

76.00
-------

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

**C. JACK R HIGHTOWER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3506 MATT LANE

City TYLER	State TX	Zip Code 75701
---------------	-------------	-------------------

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 ▼ **456.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR124983512777**

Amount of Each Receipt this Period  

76.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>227.00</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 20 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1350 N. WESTERN AVE #103

City LAKE FOREST State IL Zip Code 60045

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124983712777**

Amount of Each Receipt this Period 114.00

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

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

Mailing Address 905 CR 3131

City JACKSONVILLE State TX Zip Code 75766

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124983812777**

Amount of Each Receipt this Period 57.00

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

**C. DONNA M SHOWERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 E 107TH ST CIR

City BLOOMINGTON State MN Zip Code 55420

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 ▼ 456.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124984112777**

Amount of Each Receipt this Period 76.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 247.00

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

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. STACY A BUTTERFIELD</b>			Date of Receipt
Mailing Address 5151 WOODBRIDGE DR			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR124984212777</b>
POWELL	OH	43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="57.00"/>
Name of Employer	Occupation		P/R Deduction (\$19.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP, FINANCE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="247.00"/>		

Full Name (Last, First, Middle Initial) <b>B. THOMAS E BURKE</b>			Date of Receipt
Mailing Address 21 PARSONS DRIVE			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR124984312777</b>
SWAMPSCOTT	MA	01907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="114.00"/>
Name of Employer	Occupation		P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP/GM INNOVATIVE DE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="494.00"/>		

Full Name (Last, First, Middle Initial) <b>C. JOHN W KILGOUR</b>			Date of Receipt
Mailing Address PO BOX 764 43 FELLOWS RD.			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR124984412777</b>
IPSWICH	MA	01938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="114.00"/>
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="494.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="285.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 498 GREENGLADE AVENUE

City WORTHINGTON State OH Zip Code 43085

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124984512777**

Amount of Each Receipt this Period 57.00

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

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

Mailing Address 76 TRANQUIL TRAIL

City DUNLAP State TN Zip Code 37327

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124984612777**

Amount of Each Receipt this Period 114.00

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

**C. TERESA A STENTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 2249 SHERINGHAM ROAD

City UPPER ARLINGTON State OH Zip Code 43220

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124984912777**

Amount of Each Receipt this Period 114.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. CYNTHIA L ADKINS**

Mailing Address 8374 DAVENTRY COURT

City State Zip Code  
 POWELL OH 43065

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, STRATEGIC PLNG/

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 247.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR124985112777**

Amount of Each Receipt this Period  
 57.00

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

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

Mailing Address 8176 CROSSGATE COURT N

City State Zip Code  
 DUBLIN OH 43017

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR124985212777**

Amount of Each Receipt this Period  
 150.00

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

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

Mailing Address 4850 PLEASANT CREEK COURT

City State Zip Code  
 POWELL OH 43065

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 494.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR124985312777**

Amount of Each Receipt this Period  
 114.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 321.00

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

**SCHEDULE A (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 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JEFFREY R BENNETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2266 DAUER COURT  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124985412777**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. AARON R LEWIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 COACHMAN DR  
City PLAIN CITY State OH Zip Code 43064  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMPLIANCE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124985612777**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C. JOHN M ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3800 BEECHAM CT.  
City COLUMBUS State OH Zip Code 43220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, ASSOCIATE GENER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124985912777**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 25 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. WILLIAM ROZICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9926 MACDONALD DRIVE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP,HR BUSINESS PARTN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124986012777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. STEPHANIE R REVISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4304 HICKORY ROCK DR  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124986112777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. FREDERICK P JENNY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7284 LONDON LANE  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124986312777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5555 ASTER WAY

City GALENA State OH Zip Code 43021

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : PR124986412777**

Amount of Each Receipt this Period  
**75.00**

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

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

Mailing Address 8410 RUSSETT CT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : PR124986512777**

Amount of Each Receipt this Period  
**114.00**

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

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

Mailing Address 11 CHERRY HILL LANE

City MANALAPAN State NJ Zip Code 07726

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : PR124986912777**

Amount of Each Receipt this Period  
**114.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **303.00**

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

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

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

FOR LINE NUMBER: PAGE 27 OF 124  
(check only one)

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

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

**A. JOSEPH M O'SULLIVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 59 CEDAR DRIVE  
City MASSAPEQUA State NY Zip Code 11758  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, CREDIT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987112777**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. THOMAS M PELIZZA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 SASSINORO DRIVE  
City PUTNAM VALLEY State NY Zip Code 10579  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987212777**  
Amount of Each Receipt this Period 114.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. MICHAEL J ROTHSTEIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 TODD CT  
City HUNTINGTON STATION State NY Zip Code 11746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987312777**  
Amount of Each Receipt this Period 114.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CHRISTOPHER G LINDROTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91 PRESCOTT DR  
 City HUDSON State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM EDGE PARK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987512777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. KURT R PACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 BRANDYWINE DR  
 City HUDSON State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM ASSURAMED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987612777**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. MICHAEL B PETRAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3591 WEST GALLOWAY  
 City RICHFIELD State OH Zip Code 44286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, GM ASSURAMED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987812777**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 564.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DALE E KENDALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 831 SUN RIDGE LN

City CHAGRIN FALLS State OH Zip Code 44022

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124987912777**

Amount of Each Receipt this Period 114.00

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

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

Mailing Address 7439 MERION CT

City SOLON State OH Zip Code 44139

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124988012777**

Amount of Each Receipt this Period 114.00

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

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

Mailing Address 321 SIMON RD

City HUDSON State OH Zip Code 44236

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124988112777**

Amount of Each Receipt this Period 57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. STEVEN A EISENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35590 MICHAEL DR  
 City SOLON State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, COMM/TRANS (ATTY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR124988212777**  
 Amount of Each Receipt this Period 87.00  
 P/R Deduction (\$29.00 Bi-Weekly)

**B. PAUL R GOTTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9960 CONCORD RD  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, NUCLEAR PHARMACY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR124988412777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. EILEEN LEHMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8585 PENNINGTON CT  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, INTERNAL COMMUN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR124989012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 258.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARIBEL L DELFAUS ROSARIO</b>		Date of Receipt
Mailing Address PMB 101 405 AVE ESMERALDA		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
GUAYNABO	ZZ	99999
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : PR124989212777</b>
CARDINAL HEALTH, INC	VP, HR BUSINESS PART	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="494.00"/>	<input type="text" value="114.00"/>
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. RECIE BOMAR</b>		Date of Receipt
Mailing Address 9009 CALLAWAY DRIVE		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
TAMPA	FL	34655
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : PR124989312777</b>
CARDINAL HEALTH, INC	VP, HEALTH SYSTEM PH	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="494.00"/>	<input type="text" value="114.00"/>
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. THOMAS D DARDIS</b>		Date of Receipt
Mailing Address 4023 JAMES RIVER ROAD		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEW ALBANY	OH	43054
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : PR124989412777</b>
CARDINAL HEALTH, INC	VP, OPERATIONS MGMT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	<input type="text" value="75.00"/>
		P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="303.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 32 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. REBECCA A HELLMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 DOONE RD  
 City COLUMBUS State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124989812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JEFFREY W LOVESY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 W. DIANA  
 City PHOENIX State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124989912777**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. WILLIAM C DILLON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5208 WYNNEFORD WAY  
 City RALEIGH State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM SPECIALTY-MAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR124990012777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 246.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2945 SURREY LANE

City WESTON State FL Zip Code 33331

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
08 / 31 / 2014  
Transaction ID : PR124990112777

Amount of Each Receipt this Period  
114.00

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

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

Mailing Address 6570 WOODDED VIEW DR.

City HUDSON State OH Zip Code 44236

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
08 / 31 / 2014  
Transaction ID : PR124990312777

Amount of Each Receipt this Period  
114.00

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

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

Mailing Address 4500 CLARK SHAW RD

City POWELL State OH Zip Code 43065

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
08 / 31 / 2014  
Transaction ID : PR125269312777

Amount of Each Receipt this Period  
57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARK F STAUFFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7000 CARDINAL PLACE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR125269412777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. WILLIAM J TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 770 HEARTLANDMEADOWS  
 City SUNBURY State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR125269512777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. VERNON E ELLIOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 MILL WOOD BLVD.  
 City MARYSVILLE State OH Zip Code 43040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SR ENGR, IT CLIENT S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR125269712777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 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: PAGE 35 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MELANIE C FILAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 RIVERWOOD LANE  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, COMPENSATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR125270012777**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. RICHARD D KIRKLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 571 BIRCH STREET  
 City State Zip Code  
 WESTERVILLE OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, TALENT MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR125270212777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JODY FLANIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9085 POLARIS LAKES DRIVE  
 City State Zip Code  
 COLUMBUS OH 43240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SR PROD MGR, PROD OR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR125542812777**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 192.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8696 NW ANDERSON HILL RD

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR78006112777**

Amount of Each Receipt this Period  

2014	2015	2016	2017
			57.00

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

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

Mailing Address 5633 N KOSTNER AVENUE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87377412777**

Amount of Each Receipt this Period  

2014	2015	2016	2017
			75.00

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

**C. 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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87377512777**

Amount of Each Receipt this Period  

2014	2015	2016	2017
			75.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>207.00</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 37 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. TONY SZADO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5342 S LEWISTON CT

City CENTENNIAL State CO Zip Code 80015

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : PR87377612777**

Amount of Each Receipt this Period  
**57.00**

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

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

Mailing Address 900 WYNDHAM HILL CT

City SOUTHLAKE State TX Zip Code 76092

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **678.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : PR87377712777**

Amount of Each Receipt this Period  
**133.98**

P/R Deduction (\$44.66 Bi-Weekly)

**C. 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 ▼ **684.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : PR87377812777**

Amount of Each Receipt this Period  
**114.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>304.98</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 38 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. RONALD A A DEDELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1080 BIG WATER POINT  
 City Greensboro State GA Zip Code 30642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, SALES OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87378012777**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. MARK T HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6215 ROBERTS STREET  
 City Shawnee State KS Zip Code 66226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.48

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87378712777**  
 Amount of Each Receipt this Period 51.93  
 P/R Deduction (\$17.31 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 Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 469.26

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87379412777**  
 Amount of Each Receipt this Period 78.21  
 P/R Deduction (\$26.07 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER J PHER J ANDERSON</b>		Date of Receipt
Mailing Address 3600 GEORGE PIERCE		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code SUWANEE GA 30024		<b>Transaction ID : PR87379912777</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="57.00"/>
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, QRA MGMT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="342.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LISA A ASHBY</b>		Date of Receipt
Mailing Address 605 MUIRFIELD CT		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code AUGUSTA GA 30907		<b>Transaction ID : PR87380012777</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer CARDINAL HEALTH, INC	Occupation PRES, MED DEVICE & D	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BRAD WILSON</b>		Date of Receipt
Mailing Address 30121 FIDDLERS GREEN		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code FARMINGTON HILLS MI 48334		<b>Transaction ID : PR87380112777</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.50"/>
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	P/R Deduction (\$13.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="247.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DOUGLAS J J KATZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 MCCUE RD  
 City MORGANVILLE State NJ Zip Code 07751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87380212777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. HARRY T VAIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2693 FOX RIVER LN  
 City NAPERVILLE State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT (PR)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87380412777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. DAVID B RENDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6909 MARIS CT  
 City BURLESON State TX Zip Code 76028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87380912777**  
 Amount of Each Receipt this Period 43.80  
 P/R Deduction (\$14.60 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 157.80  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JAMES A WHIDDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 CHERRY LANE  
 City CHESTER State NY Zip Code 10918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, REGULATORY MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87381012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ROBERT M M RANDKLEV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4708 MEANDERING WAY  
 City COLLEYVILLE State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HSS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87381112777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. GEOFFREY Y Y Y MCMAHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57-531 KAMEHAMEHA HWY  
 City KAHUKU State HI Zip Code 96731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87381212777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 174.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 42 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. BENJAMIN T N T THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2029 LEWIS CROSSING COURT  
 City KELLER State TX Zip Code 76248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation NVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87381412777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. DONALD R R HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1848 OVERLOOK DRIVE  
 City MOUNT DORA State FL Zip Code 32757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87381612777**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. LAUREL BEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1723 EAGLE TRL  
 City OXFORD State MI Zip Code 48371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87382012777**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 234.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. DAVID A GOLDSBERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 ST ANDREWS LN  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87382112777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. DANIEL L L SWANBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3648 TIERRA PARIS  
 City State Zip Code  
 EL PASO TX 79938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, ENGINEERING MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87382212777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MICHAEL L L GROESBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33916 N SUMMERFIELDS DR  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, QRA MEDICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87382312777**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 2351 THORNWOOD AVENUE

City WILMETTE	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM PERIOPERATIV
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87382712777**

Amount of Each Receipt this Period  

150.00
--------

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

**B. GREGG A BREWSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3710 FENCELINE ROAD

City FRANKSVILLE	State WI	Zip Code 53126
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH
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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
08	/	31	/	2014

**Transaction ID : PR87382812777**

Amount of Each Receipt this Period  

57.00
-------

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

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

Mailing Address 520 PENNY LANE

City GRAYSLAKE	State IL	Zip Code 60030
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87383012777**

Amount of Each Receipt this Period  

40.33
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P/R Deduction (\$12.74 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>247.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GREG W STORM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 CHALLAIN DRIVE  
 City LITTLE ROCK State AR Zip Code 72223-5517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 623.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87383412777**  
 Amount of Each Receipt this Period 59.36  
 P/R Deduction (\$9.50 Bi-Weekly)

**B. STEPHEN A A INACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1471 FIRWOOD CT.  
 City MARCO ISLAND State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, HOSPITAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87383512777**  
 Amount of Each Receipt this Period 116.82  
 P/R Deduction (\$38.94 Bi-Weekly)

**C. WILFRIDO M O M SOSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 LIVE OAK  
 City EL PASO State TX Zip Code 79932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87384112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.18
<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 46 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SUSAN J JACOBSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 EAST MONROE #4606  
 City CHICAGO State IL Zip Code 60603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **684.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87384512777**  
 Amount of Each Receipt this Period **114.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. ROBERT B B HOBGOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 N. PINE STREET UNIT 3906  
 City CHARLOTTE State NC Zip Code 28202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **342.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87384612777**  
 Amount of Each Receipt this Period **57.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. EVELYN LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 HAWKS RIDGE DR  
 City LAKELAND State FL Zip Code 33810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87384812777**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>231.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 47 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MICHAEL M M SINIGAGLIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 WILLETS DR  
 City SYOSSET State NY Zip Code 11791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87385012777**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. KATE C SPIRKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6812 SPRUCE PINE DR  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR SERVICE CENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87385112777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. RACHEL R R STOLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4228 ST. ANDREWS BLVD  
 City IRVING State TX Zip Code 75038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87385312777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 273.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. STACY SEPTER</b>		Date of Receipt 08 / 31 / 2014 <b>Transaction ID : PR87385612777</b>
Mailing Address 18 MILLER DRIVE		Amount of Each Receipt this Period 57.00
City SYLACAUGA	State AL	Zip Code 35151
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, DIRECT SALES MG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES H HORNER</b>		Date of Receipt 08 / 31 / 2014 <b>Transaction ID : PR87385912777</b>
Mailing Address 2706 ISLAND COVE ROAD		Amount of Each Receipt this Period 57.00
City FORT MILL	State SC	Zip Code 29708
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MANUFACTURING M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. PAUL S POGUE</b>		Date of Receipt 08 / 31 / 2014 <b>Transaction ID : PR87386012777</b>
Mailing Address 1174 GREERS LANDING DR		Amount of Each Receipt this Period 57.00
City HERNANDO	State MS	Zip Code 38632
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PRODUCT OR SERV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	171.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRENDA G G BARDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3435 ALTA VISTA DR  
 City CHATTANOOGA State TN Zip Code 37411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87386112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DANNY W PENNY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 N LAKE AVE  
 City THIRD LAKE State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PACKAGING ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87386412777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JAY C GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1472 MILL RACE  
 City ROCHESTER HILLS State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87386512777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 171.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4007 CHELSEA GREEN EAST

City NEW ALBANY	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87386612777**

Amount of Each Receipt this Period  

57.00
-------

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

Full Name (Last, First, Middle Initial)  
**B. MATTHEW J KOHUT**

Mailing Address 809 EAST ROCKLAND RD

City LIBERTYVILLE	State IL	Zip Code 60048
----------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, MEDICAL DEVICE
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87386712777**

Amount of Each Receipt this Period  

39.00
-------

P/R Deduction (\$13.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. CURTIS L L WILENS**

Mailing Address 1347 COVENTRY LN

City NORTHBROOK	State IL	Zip Code 60062
--------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MARKETING RESEA
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87386812777**

Amount of Each Receipt this Period  

57.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>153.00</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 51 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SCOTT A DONNELLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12195 ANDREWS DRIVE

City PLAIN CITY	State OH	Zip Code 43064
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87387512777**

Amount of Each Receipt this Period  

60.00
-------

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

**B. STEPHEN REARDON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9098 MEDITERRA PLACE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87387812777**

Amount of Each Receipt this Period  

60.00
-------

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

**C. PAUL G FARLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 ONONDEGA RD

City NARRAGANSETT	State RI	Zip Code 02882
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87388012777**

Amount of Each Receipt this Period  

57.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>177.00</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 52 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. DANIEL BISHOP**  
Full Name (Last, First, Middle Initial)

Mailing Address 21614 CANYON FOREST CT

City KATY State TX Zip Code 77450

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

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, FIN PLNG & ANAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : **PR87388212777**

Amount of Each Receipt this Period: **57.00**

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

**B. PATRICK J J ECKHERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4685 SEVEN LAKES PL

City POWELL State OH Zip Code 43065

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

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, SOURCING MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : **PR87388312777**

Amount of Each Receipt this Period: **57.00**

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

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

Mailing Address 401 SPRING DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer: CARDINAL HEALTH, INC Occupation: EXEC TERRITORY SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **684.00**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : **PR87388412777**

Amount of Each Receipt this Period: **114.00**

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 53 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANNLEA C C RUMFOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10472 MACKENZIE WAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87388512777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. JOHN A FIACCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 FOX HAVEN DRIVE  
 City O'FALLON State MO Zip Code 63368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS MGMT -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87388612777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. MICHAEL D D SYNOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31772 FAIRWAY DR N  
 City FORISTELL State MO Zip Code 63348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87388812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 285.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ERIC D SUTHERLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 6433 TULIPWOOD LANE

City JAMESVILLE State NY Zip Code 13078

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : PR87389012777**

Amount of Each Receipt this Period  
**57.00**

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

**B. KRISTINA M A M ROBINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5464 HEATHROW DRIVE

City POWELL State OH Zip Code 43065

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : PR87389112777**

Amount of Each Receipt this Period  
**46.14**

P/R Deduction (\$15.38 Bi-Weekly)

**C. ANDRE D SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1327 LAKE GRAYSON DRIVE

City KATY State TX Zip Code 77494

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : PR87389312777**

Amount of Each Receipt this Period  
**57.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **160.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ **1101.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87389412777**

Amount of Each Receipt this Period  

183.60
--------

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

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

Mailing Address 2629 BEXLEY PARK ROAD

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **795.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87389612777**

Amount of Each Receipt this Period  

150.00
--------

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

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

Mailing Address 275 EAST CENTER ST

City SHAVERTOWN	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.82**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87389812777**

Amount of Each Receipt this Period  

64.47
-------

P/R Deduction (\$21.49 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>398.07</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 56 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHARLES AQUILINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4871 NORMANDY DRIVE  
 City State Zip Code  
 GALENA OH 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, MKTG & PRODUCT M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87389912777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. GEORGE J J PLAVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3526 PEMBROOKE DR  
 City State Zip Code  
 RICHMOND TX 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, PHARM OPS & ACCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1246.14

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87390312777**  
 Amount of Each Receipt this Period 207.69  
 P/R Deduction (\$69.23 Bi-Weekly)

**C. ROBERT S S SUMMERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 CHASELY CIRCLE  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, PRODUCT OR SERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 552.96

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87390512777**  
 Amount of Each Receipt this Period 92.16  
 P/R Deduction (\$30.72 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	356.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NATASHA C C NICOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 RED TAIL HAWK LOOP  
 City PAWLEYS ISLAND State SC Zip Code 29585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87390612777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. SEAN M MCCAFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 BUCK RUN RD  
 City SOUTHPOINTE State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87390712777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. DEBORAH E E WOLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 LAKE MIST DRIVE  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, COM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87390812777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. STEVEN J J CALLISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1368 LINCOLN ROAD  
 City State Zip Code  
 COLUMBUS OH 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, SOFTWARE ENGINEER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 347.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87390912777**  
 Amount of Each Receipt this Period  
 57.84  
 P/R Deduction (\$19.28 Bi-Weekly)

**B. RONALD M M WADSWORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4310 SUFFOLK WAY  
 City State Zip Code  
 EL DORADO HILLS CA 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87391012777**  
 Amount of Each Receipt this Period  
 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. DEBORAH A BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 STONEBRIDGE TR  
 City State Zip Code  
 VALRICO FL 33596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, HEALTH SYSTEM P  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87391712777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 159.84  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 59 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GARY G CACCIATORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 LOCH GLEN CT  
 City HOUSTON State TX Zip Code 77059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, REG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **683.82**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87391912777**  
 Amount of Each Receipt this Period  
**113.97**  
 P/R Deduction (\$37.99 Bi-Weekly)

**B. RICHARD F F COLLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 21ST AVE CT SE  
 City PUYALLUP State WA Zip Code 98372-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87392012777**  
 Amount of Each Receipt this Period  
**57.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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 ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87392212777**  
 Amount of Each Receipt this Period  
**150.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **320.97**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 60 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. BRADLEY G G COCHRAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2589 AIKIN CIRCLE S  
 City State Zip Code  
 LEWIS CENTER OH 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ACCOUNT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87392412777**  
 Amount of Each Receipt this Period  
 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. WILLIAM OWAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7558 HEATHERWOOD LN  
 City State Zip Code  
 DUBLIN OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, OPERATIONAL EXC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1805.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87392512777**  
 Amount of Each Receipt this Period  
 300.90  
 P/R Deduction (\$100.30 Bi-Weekly)

**C. LISA A STILLINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5833 WHITECRAIGS CT  
 City State Zip Code  
 DUBLIN OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, FIN PLNG & ANAL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87392912777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 471.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 ▼ 450.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87393012777**  
 Amount of Each Receipt this Period 75.00  
 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 ▼ 900.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87393112777**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. LORI S HAVLOVITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8969 SUNNINGDALE LANE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, IT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87393212777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 282.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1491 POLARIS PARKWAY # 175

City COLUMBUS State OH Zip Code 43240

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt: 08 / 31 / 2014  
**Transaction ID : PR87393312777**

Amount of Each Receipt this Period: **57.00**

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

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

Mailing Address 5991 KITCHEN CT

City HILLIARD State OH Zip Code 43026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: 08 / 31 / 2014  
**Transaction ID : PR87393412777**

Amount of Each Receipt this Period: **60.00**

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

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

Mailing Address 6810 VINEYARD HAVEN LOOP

City DUBLIN State OH Zip Code 43016

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 ▼ **900.00**

Date of Receipt: 08 / 31 / 2014  
**Transaction ID : PR87393512777**

Amount of Each Receipt this Period: **150.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **267.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOSEPH S S HODGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2260 GNARLED PINE DRIVE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87393612777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHAEL C C KAUFMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7160 TEMPERANCE POINT ST  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87393812777**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GREGORY BOGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7746 POLO LANE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87393912777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	690.90
<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 64 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ANGELA M M THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9287 WINDY CREEK DR  
 City COLUMBUS State OH Zip Code 43240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394012777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. AMY P SNOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 WHITECRAIGS CT  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. PETER A STOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1955 ENCLAVE DRIVE  
 City MT PLEASANT State SC Zip Code 29464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394212777**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 155.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. LAURA L SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5828 IVY BRANCH DR  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES OPERATION  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394612777**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. 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 ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394712777**  
Amount of Each Receipt this Period 114.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. DANA R THACKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2934 GRIFFIN DR  
City LEWIS CENTER State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, SOFTWARE ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394812777**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 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: PAGE 66 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JAMES P COMBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69259 LEE ROAD  
 City ST CLAIRSVILLE State OH Zip Code 43950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87394912777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MICHAEL P P KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4783 VISTA RIDGE DR  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1805.40

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87395012777**  
 Amount of Each Receipt this Period 300.90  
 P/R Deduction (\$100.30 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 ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87395412777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 471.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KRISTINA J A J KALLMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 CLEARSPRINGS DRIVE  
 City SPRINGBORO State OH Zip Code 45066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87395512777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. TROY L HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5622 DORSEY DRIVE  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PRODUCT OR SERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 829.62

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87395812777**  
 Amount of Each Receipt this Period 138.27  
 P/R Deduction (\$46.09 Bi-Weekly)

**C. PATRICK A A SELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3460 HYATTS RD  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87396112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 255.27  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CASSANDRA E RA E BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1751 BARRINGTON RD  
 City UPPER ARLINGTON State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOVT RELATIONS M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1208.88

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87396412777**  
 Amount of Each Receipt this Period 201.48  
 P/R Deduction (\$67.16 Bi-Weekly)

**B. 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 ▼ 632.70

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87396612777**  
 Amount of Each Receipt this Period 105.45  
 P/R Deduction (\$35.15 Bi-Weekly)

**C. JAMES J HOMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 EDEN PARK DRIVE  
 City FRANKLIN State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.44

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87396712777**  
 Amount of Each Receipt this Period 40.74  
 P/R Deduction (\$13.58 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	347.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. STEPHEN 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 ▼ 1800.00

Date of Receipt: 08 / 31 / 2014  
**Transaction ID : PR87396812777**

Amount of Each Receipt this Period: 300.00

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

**B. CHAD E SANDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 831 ELLIS ST

City PICKERINGTON State OH Zip Code 43147

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

Name of Employer: CARDINAL HEALTH, INC Occupation: EXEC, TERRITORY SALE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 08 / 31 / 2014  
**Transaction ID : PR87397112777**

Amount of Each Receipt this Period: 36.00

P/R Deduction (\$12.00 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 ▼ 3461.40

Date of Receipt: 08 / 31 / 2014  
**Transaction ID : PR87397212777**

Amount of Each Receipt this Period: 576.90

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 912.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARY C SCHERER**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 WEATHERBURN CT

City State Zip Code  
POWELL OH 43065

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, AUDIT/FINANCIAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87397312777**

Amount of Each Receipt this Period  
45.00

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

**B. JON GIACOMIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6792 INGALLS CT

City State Zip Code  
GALENA OH 43021

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

Name of Employer Occupation  
CARDINAL HEALTH, INC PRES, US PHARMACEUTI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87397412777**

Amount of Each Receipt this Period  
225.00

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

**C. ANNE F MCCLUSKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10910 E SAN TAN BLVD

City State Zip Code  
SUN LAKES AZ 85248

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

Name of Employer Occupation  
CARDINAL HEALTH, INC DIR, CLINICAL OPS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87397612777**

Amount of Each Receipt this Period  
57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 327.00

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

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

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

FOR LINE NUMBER: PAGE 71 OF 124  
(check only one)

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

**A. ROBERT GIACALONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7471 BALFOURE CIRCLE  
City DUBLIN State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, REG AFFAIRS/CHF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87397812777**  
Amount of Each Receipt this Period **150.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**B. DEBRA A FLUNO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 622 SUNNYSIDE AVE  
City GURNEE State IL Zip Code 60031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **342.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87398012777**  
Amount of Each Receipt this Period **57.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**C. MICHAEL D D BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3103 SADDLE RIDGE  
City RICHMOND State TX Zip Code 77406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **684.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87398212777**  
Amount of Each Receipt this Period **114.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **321.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JACQUELINE A INE A GLEASON</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87398712777</b>
Mailing Address N 7896 VALLEY VIEW RD		Amount of Each Receipt this Period 57.00
City NEW GLARUS	State WI	Zip Code 53574
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. ANTHONY D D WOO</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87398812777</b>
Mailing Address 6151 HADDO WAY		Amount of Each Receipt this Period 60.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, CORP DEVEL, FIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. KATHRYN J J ABLEIDINGER</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87399012777</b>
Mailing Address 34 ASHBURY CT		Amount of Each Receipt this Period 114.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DANIEL R R ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8124 CROOKED OAKS CT  
 City GAINESVILLE State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, PHARM OPS & ACC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87399112777**  
 Amount of Each Receipt this Period  
 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. STEPHEN M LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4868 CARRIGAN RIDGE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, RETAIL INDEPEND  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87399212777**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. GORDON A A CRAWFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 RICHARDS RD.  
 City UTICA State OH Zip Code 43080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, IT PROG/PROJ MG  
 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  
 08 / 31 / 2014  
**Transaction ID : PR87399312777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 471.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 326 VINWOOD LANE

City State Zip Code  
POWELL OH 43065

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
08 / 31 / 2014  
Transaction ID : PR87399412777

Amount of Each Receipt this Period  
150.00

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 ▼ 3461.40

Date of Receipt  
08 / 31 / 2014  
Transaction ID : PR87399512777

Amount of Each Receipt this Period  
576.90

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

**C. STUART MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 9711 CONCORD RIDGE

City State Zip Code  
BRENTWOOD TN 37027

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
08 / 31 / 2014  
Transaction ID : PR87399712777

Amount of Each Receipt this Period  
57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 783.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. LAWRENCE E MALHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 LONE OAK DRIVE  
 City State Zip Code  
 WHITE HOUSE TN 37188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, TERRITORY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87399812777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JOHN E HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2230 RIVER FOREST DRIVE  
 City State Zip Code  
 MOBILE AL 36605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SR CNSLT, FRANCHISE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87400112777**  
 Amount of Each Receipt this Period  
 45.00  
 P/R Deduction (\$15.00 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 ▼  
 684.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87400312777**  
 Amount of Each Receipt this Period  
 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KENDELL F F SHERRER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 SOUTH PARKVIEW AVENUE  
 SUITE 305  
 City BEXLEY State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BENEFITS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.98

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87400812777**  
 Amount of Each Receipt this Period 60.33  
 P/R Deduction (\$20.11 Bi-Weekly)

**B. GARY B ELLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6146 BALMORAL DRIVE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HSS SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87400912777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. ERIC M NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7170 KINGSCOTE CT.  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87401012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LEEANN EVENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1423 SHADY VALLEY

City SUGAR LAND State TX Zip Code 77479

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

Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, BUS ANALYS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87401112777**

Amount of Each Receipt this Period  
 45.00

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

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

Mailing Address 3418 BIG HICKORY DR.

City KINGWOOD State TX Zip Code 77345

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87401312777**

Amount of Each Receipt this Period  
 75.00

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

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

Mailing Address 125 ARROW ROAD

City EAGLE LAKE State TX Zip Code 77434

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87401412777**

Amount of Each Receipt this Period  
 57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 177.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CONNIE WOODBURN</b>			Date of Receipt
Mailing Address 9761 ERIN WOODS DR			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR87401512777</b>
DUBLIN	OH	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="405.00"/>
Name of Employer	Occupation		P/R Deduction (\$135.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP, PROF & GOVT REL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="2430.00"/>

Full Name (Last, First, Middle Initial) <b>B. ROBBIE D D JORGENSEN</b>			Date of Receipt
Mailing Address 578 MORTS DRIVE			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR87401612777</b>
WENTZVILLE	MO	63385	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="114.00"/>
Name of Employer	Occupation		P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	DIR, OPERATIONS MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="684.00"/>

Full Name (Last, First, Middle Initial) <b>C. BRIAN WORTH</b>			Date of Receipt
Mailing Address 5654 ROTHESAY DRIVE			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR87401912777</b>
DUBLIN	OH	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="75.00"/>
Name of Employer	Occupation		P/R Deduction (\$25.00 Bi-Weekly)
CARDINAL HEALTH, INC	SVP, HR BUSINESS PAR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="450.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="594.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 126 MARINA DR

City BULLARD State TX Zip Code 75757

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87402312777**

Amount of Each Receipt this Period  
 57.00

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

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

Mailing Address 8624 GREENARBOR RD

City ALBUQUERQUE State NM Zip Code 87122

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87402412777**

Amount of Each Receipt this Period  
 75.00

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

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

Mailing Address 0836 SW CURRY ST # 102

City PORTLAND State OR Zip Code 97239

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87402712777**

Amount of Each Receipt this Period  
 57.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	189.00
<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 80 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1102 GOLF COURSE ROAD

City FRIDAY HARBOR	State WA	Zip Code 98250
-----------------------	-------------	-------------------

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 ▼ **361.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87402812777**

Amount of Each Receipt this Period  

76.00
-------

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

**B. DAVID M ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 6521 GOYA WAY

City EL DORADO HILLS	State CA	Zip Code 95762
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87402912777**

Amount of Each Receipt this Period  

57.00
-------

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

**C. BLAIR R WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 663 LYNNFIELD DR

City WESTERVILLE	State OH	Zip Code 43081
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, HR MANAGEMENT
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **684.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87403112777**

Amount of Each Receipt this Period  

114.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>247.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 81 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANDREW 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 ▼ **684.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87403312777**  
 Amount of Each Receipt this Period  
**114.00**  
 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 ▼ **684.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87404012777**  
 Amount of Each Receipt this Period  
**114.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. DONNA B MANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6666 MCVEY BLVD  
 City WEST WORTHINGTON State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRGM DIR, PROG/PROJ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **496.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87404212777**  
 Amount of Each Receipt this Period  
**84.12**  
 P/R Deduction (\$28.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **312.12**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MELISSA A A LABER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8200 BIBURY

City DUBLIN State OH Zip Code 43016

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87404412777**

Amount of Each Receipt this Period  
**36.00**

P/R Deduction (\$12.00 Bi-Weekly)

**B. KEVIN HARRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3003 BREEZEWOOD LN

City GALENA State OH Zip Code 43021

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

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

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  
 08 / 31 / 2014  
**Transaction ID : PR87404512777**

Amount of Each Receipt this Period  
**57.00**

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

**C. LAUREN E E FIELDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4316 OAK WOOD COURT

City DUBLIN State OH Zip Code 43016

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

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

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  
 08 / 31 / 2014  
**Transaction ID : PR87404612777**

Amount of Each Receipt this Period  
**57.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARC D DELORENZO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 TILLER DRIVE  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, TERRITORY SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87404912777**  
 Amount of Each Receipt this Period  
 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. WILLIAM B B CHRISTIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3325 LITTLEPORT LANE  
 City State Zip Code  
 ACWORTH GA 30101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87405312777**  
 Amount of Each Receipt this Period  
 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. ERIC T BOLLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13162 THORNTON DRIVE  
 City State Zip Code  
 FRISCO TX 75035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, ACCOUNT (STRAT A  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87405412777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3273 STAPLEFORD CHASE

City VIRGINIA BEACH	State VA	Zip Code 23452
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **684.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87405512777**

Amount of Each Receipt this Period  

114.00
--------

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

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

Mailing Address 9409 AVE MORE CT.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87405712777**

Amount of Each Receipt this Period  

57.00
-------

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

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

Mailing Address 66 W BEECHWOLD BLVD

City COLUMBUS	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, SOFTWARE ENGINE
--	------------------------------------

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
08	/	31	/	2014

**Transaction ID : PR87405912777**

Amount of Each Receipt this Period  

57.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>228.00</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 85 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CAMERON J J BRADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 873 N. LARRABEE ST.  
UNIT 210

City CHICAGO State IL Zip Code 60610

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87406212777**

Amount of Each Receipt this Period  
57.00

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

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

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MASTER BLACK BE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87406512777**

Amount of Each Receipt this Period  
57.00

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

**C. BRIAN K SINGLETON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2521 EAST 31ST STREET

City TULSA State OK Zip Code 74105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87406612777**

Amount of Each Receipt this Period  
57.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 171.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ **684.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR87406712777**

Amount of Each Receipt this Period **114.00**

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

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

Mailing Address 12 MASSINA DR

City WHEELING State WV Zip Code 26003

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR87406812777**

Amount of Each Receipt this Period **57.00**

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

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

Mailing Address 133 STATION PARK CIRCLE

City GRAYLAKE State IL Zip Code 60030

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **684.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR87406912777**

Amount of Each Receipt this Period **114.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **285.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7483 BARDSTON DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR87407012777**

Amount of Each Receipt this Period **57.00**

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

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

Mailing Address 1605 BERLIN STATION RD

City DELAWARE State OH Zip Code 43015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR87407112777**

Amount of Each Receipt this Period **57.00**

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

**C. HAROLD E E GRUBBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7802 SPENCER BROOK DR

City SUMMERFIELD State NC Zip Code 27358

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **08 / 31 / 2014**

**Transaction ID : PR87407212777**

Amount of Each Receipt this Period **36.00**

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

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

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

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

FOR LINE NUMBER: PAGE 88 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. HARRY BEDGOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 LEE SMITH LANE  
 City KERNERSVILLE State NC Zip Code 27284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87407412777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JEFFREY W W HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 347 MORGAN LN  
 City GAHANNA State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CHIEF FINANCIAL OFFI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87407512777**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JOHN J BYRNES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 TUCKER DR  
 City WORTHINGTON State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX TECHNICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87407612777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 231.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ANDREW GRANT</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87407712777</b>
Mailing Address 9440 NICHOLSON WAY		Amount of Each Receipt this Period 57.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KENNETH H H ROBINETTE</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87407812777</b>
Mailing Address 9409 AVE MORE CT.		Amount of Each Receipt this Period 114.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DEPLOYMENT LEADE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. DONALD S S LUCHINI</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87408212777</b>
Mailing Address 212 LAKESIDE DRIVE		Amount of Each Receipt this Period 57.00
City MCKEES ROCKS	State PA	Zip Code 15136
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$19.00 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 90 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DENNIS W W BRAUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5667 MEDALLION DR WEST  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE MEDICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87408312777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JEFFREY E E GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 CAMBRIDGE BLVD  
 City MARBLE CLIFF State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87408612777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. AMELIA D D MCCARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5864 LAKEVIEW DR  
 City HILLIARD State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, REGULA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87408712777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	171.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BENNY SLEDGE</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87408912777</b>
Mailing Address 8016 W 138TH TERRACE		Amount of Each Receipt this Period 114.00
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,BUSINESS ACQUISIT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JAMES W HILLMAN</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87409012777</b>
Mailing Address 141 WOODSTREAM DR		Amount of Each Receipt this Period 90.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. COLLEEN GREINER</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87409112777</b>
Mailing Address PO BOX 51057		Amount of Each Receipt this Period 57.00
City MYRTLE BEACH	State SC	Zip Code 29579
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	261.00
<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 92 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7402 OVERLAND TRAIL

City DELAWARE State OH Zip Code 43015

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87409412777**

Amount of Each Receipt this Period  
**57.00**

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

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

Mailing Address 4909 SCENIC CREEK DR

City 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 ▼ **684.00**

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87409512777**

Amount of Each Receipt this Period  
**114.00**

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

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

Mailing Address 6825 MACNEIL DR

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation PRES, MED CONSUMABLE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87409612777**

Amount of Each Receipt this Period  
**60.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **231.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STANLEY L L NAGEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6486 BALLANTRAE PLACE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **342.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87409712777**  
 Amount of Each Receipt this Period **57.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MARTHA HUSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 490 E. SUNBURST LN  
 City TEMPE State AZ Zip Code 85284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT/CEO CANADA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87410112777**  
 Amount of Each Receipt this Period **150.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. LISA MARLING-GEORGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9334 PRATOLINO VILLA DR.  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TALENT MGMT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **589.00**

Date of Receipt **08 / 31 / 2014**  
**Transaction ID : PR87410212777**  
 Amount of Each Receipt this Period **114.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **321.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 94 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANDREW T T ALDERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 LEICESTER PL.  
 City COLUMBUS State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87410512777**  
 Amount of Each Receipt this Period 114.00  
 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 ▼ 1800.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87410612777**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. ROBERT S S THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8338 AMBERLEIGH WAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87410712777**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 489.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ANDREW W W WEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 LITTLE BEAR LOOP  
 City LEWIS CENTER State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIRECTOR, EH&S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87410812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. RONALD BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 NEWALBANYLINKDR  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87410912777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ISMAEL VILLARREAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5032 CALLE TINTILLO  
 City GUAYNABO State ZZ Zip Code 99999  
 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 ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87411012777**  
 Amount of Each Receipt this Period 114.00  
 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: PAGE 96 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DAVID R DION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 182 N FLORA PARKWAY  
 City ADDISON State IL Zip Code 60101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, QUALITY CONTROL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87411112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MAUREEN T GIRARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 552 RIDGESIDE DRIVE  
 City GOLDEN State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87411412777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. ELIZABETH M TH M KRENZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 343 MILFORD DR  
 City DEERFIELD State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, MANUFACTURING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87411512777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 171.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JESSICA L L MAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4852 CARRIGAN RIDGE  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, COMM/TRANS (ATTY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87411712777**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. STUART G G LAWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5635 CYPRESS COURT  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CHIEF ACCOUNTIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87412012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. BONNY FOWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 CHERRY STREET  
 City GRANVILLE State OH Zip Code 43023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, COMM BUSINESS PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87412312777**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 222.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANNEMARIE IE LA BUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1877 TEWKSBURY RD  
 City UPPER ARLINGTON State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, LAB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87412412777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. CARL E HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 TANGLIN ROAD #08-10 ST REGIS RESIDENCES  
 City SINGAPORE SGP State ZZ Zip Code 99999  
 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 ▼ 270.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87412512777**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. EDEN C SULZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 BANTRY ST  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87413112777**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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 AKA Cardinal Health Companies PAC**

**A. SANJEETH H PAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 367 CEDAR TRACE  
 City XENIA State OH Zip Code 45385-9392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87413512777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. CHRISTINE L NE L BENTLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12283 SOUTH PARKER STREET  
 City OLATHE State KS Zip Code 66061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANGNG CNSLT, S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87413612777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. KEVIN L MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 CATALINA COURT  
 City MACON State MO Zip Code 63552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87413812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 171.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOSEPH A A GOTTRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 874 AYLESBURY DRIVE  
 City State Zip Code  
 GAHANNA OH 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, PHARMACEUTICAL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87413912777**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. JEFFREY A A CRIST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9376 ROSETA VILLA DRIVE  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, IT CLIENT SYS M  
 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  
 08 / 31 / 2014  
**Transaction ID : PR87414212777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. JOHN C RADEMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5006 ROSALIND LANE  
 City State Zip Code  
 POWELL OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC PRESIDENT, AMBULATOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87414812777**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 417.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 101 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. SAMER ABDUL-SAMAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6271 BELVEDERE GREEN BLVD  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87415012777**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 ▼ 684.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87415112777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. 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 ▼ 1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87415212777**  
 Amount of Each Receipt this Period 225.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 384.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 3461.40

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87415312777**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MARK PILKINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8191 HILLINGDON DRIVE  
 City POWELL State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGY MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87415812777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. CRAIG MORFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5565 LAKE SHORE AVE,  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation CHIEF COMPLIANCE & L  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87415912777**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1267.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. TOHID A VAHEDIAN</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87416312777</b>
Mailing Address 1857 COLLINGSWOOD RD		Amount of Each Receipt this Period 75.00
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM MED SVCS & S
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J J MANGIONE</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87416412777</b>
Mailing Address 10733 JONES ROAD		Amount of Each Receipt this Period 57.00
City CLARENCE	State NY	Zip Code 14031
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. ERIC J PERLA</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : PR87416512777</b>
Mailing Address 15426 COURT AMBER TL		Amount of Each Receipt this Period 57.00
City CYPRESS	State TX	Zip Code 77433
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	189.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 104 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. SEAN P WATERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2621 EAST ARABIAN DRIVE  
 City State Zip Code  
 GILBERT AZ 85296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, CHEM/PHARMA OPS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87417112777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. HENRY M CHILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 PALISADES PARKWAY  
 City State Zip Code  
 OAK RIDGE TN 37830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87417212777**  
 Amount of Each Receipt this Period  
 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. WILLIAM S S CLAUNCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10744 CAMPDEN LAKES BLVD  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, OPERATIONS SERVI  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 08 / 31 / 2014  
**Transaction ID : PR87417312777**  
 Amount of Each Receipt this Period  
 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 321.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 105 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 Occupation  
 CARDINAL HEALTH, INC VP, 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  
 08 / 31 / 2014  
**Transaction ID : PR87417412777**  
 Amount of Each Receipt this Period  
 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. KATHERINE A NE A BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3410 NOBB HILL DR  
 City HUDSONVILLE State MI Zip Code 49426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, NUCLEAR PHARMAC  
 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  
 08 / 31 / 2014  
**Transaction ID : PR87417512777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. CARROLL B B CALLICOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8050 LESIA DRIVE  
 City DENHAM SPRINGS State LA Zip Code 70706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC MGR, NUCLEAR PHARMAC  
 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  
 08 / 31 / 2014  
**Transaction ID : PR87417812777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOSEPH E E LUKACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VILLAGE GROVE RD  
 City LITTLE ROCK State AR Zip Code 72211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87418112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 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 ▼ 900.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87418512777**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. IHSIEN S S LIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7664 MILL SPRINGS DRIVE  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC PRICI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87418612777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WAYNE J BOUDREAUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 PETREL TRAIL  
 City BRADENTON State FL Zip Code 34212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87418812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. CRAIG ROTHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 SEMINOLE WAY  
 City SHORT HILLS State NJ Zip Code 07078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87418912777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MICHAEL A A MARUSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 WOODLEDGE DRIVE  
 City STATE COLLEGE State PA Zip Code 16803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87419112777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	171.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. RONALD A A PADGITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6079 JONESWOOD DR  
 City State Zip Code  
 HILLIARD OH 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, MARKETING MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 323.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87419312777**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ANITA ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27341 DAKOTA AVE.  
 City State Zip Code  
 ELKO MN 55020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC EXEC, ACCOUNT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87419412777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. CATHY CHENETSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5734 ENNISHANNON PLACE  
 City State Zip Code  
 DUBLIN OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, QRA MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87419612777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 109 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ALFREDO S S RUSSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2490 ALUM CROSSING DRIVE  
 City State Zip Code  
 LEWIS CENTER OH 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, REGULATORY MGMT  
 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  
 08 / 31 / 2014  
**Transaction ID : PR87420112777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DAVID K KORENSTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4568 NEISWANDER SQUARE  
 City State Zip Code  
 NEW ALBANY OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC ASST GEN CSL, LITIGA  
 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  
 08 / 31 / 2014  
**Transaction ID : PR87420212777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. RICHARD W W WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 991  
 City State Zip Code  
 SUMNER WA 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87420312777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 171.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ROGELIO A A ARMINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6723 STILLHOUSE LN  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MASTER BLACK BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87420412777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. ELEANOR M M DAUFENBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2029 W. LANE AVENUE  
 City COLUMBUS State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS MG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87420512777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 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 ▼ 2607.60

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87420612777**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 690.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 111 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARK 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 ▼ 3461.40

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87420912777**  
 Amount of Each Receipt this Period 576.90  
 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 ▼ 684.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87421212777**  
 Amount of Each Receipt this Period 114.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. COLIN HATCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1351 NOE BIXBY ROAD  
 City COLUMBUS State OH Zip Code 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TAX TECHNICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87421512777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 747.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 152 WEST 117TH STREET

City State Zip Code  
CUT OFF LA 70345

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
684.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87421612777**

Amount of Each Receipt this Period  
114.00

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

**B. DOUGLAS HELMREICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6600 DEESIDE DR.

City State Zip Code  
DUBLIN OH 43017

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

Name of Employer Occupation  
CARDINAL HEALTH, INC DIR, MARKET RESEARCH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87421712777**

Amount of Each Receipt this Period  
57.00

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

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

Mailing Address 301 BRIDLE PATH LANE

City State Zip Code  
ANNAPOLIS MD 21403

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
684.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : PR87422012777**

Amount of Each Receipt this Period  
114.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROBERT J J DOONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6119 PEPPERGRASS COURT

City WESTERVILLE	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, INTEGRATED LOGIS
--	------------------------------------

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
08	/	31	/	2014

**Transaction ID : PR87422212777**

Amount of Each Receipt this Period  

57.00
-------

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

**B. JEFFREY P P LEDBETTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6700 RIDPATH ROAD

City GROVE CITY	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87422312777**

Amount of Each Receipt this Period  

57.00
-------

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

**C. MICHELLE M E M ZALUZNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 15435 EAGLE TAVERN LANE

City CENTREVILLE	State VA	Zip Code 20120
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, TERRITORY SALE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR87422412777**

Amount of Each Receipt this Period  

57.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>171.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 114 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87422812777**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MARSHA L L ARAGON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29306 DAKOTA DR  
 City VALENCIA State CA Zip Code 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87422912777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. 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 ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87423112777**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 357.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 115 OF 124  
(check only one)

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

**A. STEPHEN J J MEDVE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8153 TIMBLE FALLS DRIVE  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TALENT ACQUISIT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87423312777**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**B. RICHARD MONTGOMERY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2717 QUEEN ELAINE DRIVE  
City LEWISVILLE State TX Zip Code 75056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TECHNICAL SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87423712777**  
Amount of Each Receipt this Period 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C. RAMON GREGORY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9003 MEDITERRA PLACE  
City DUBLIN State OH Zip Code 43016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation SVP, CUSTOMER SERVIC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR87423912777**  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 189.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NICHOLAS S AUGUSTINOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2416 15TH STREET  
 City SAN FRANCISCO State CA Zip Code 94114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HEALTH INFO & S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR87424112777**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. ROBERT A A HONNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7167 SPRINGVIEW LN  
 City DUBLIN State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR93409112777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. CATHY MOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5440 YORK LANE NORTH  
 City COLUMBUS State OH Zip Code 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SUPPLIER DIVERS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR93409212777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	414.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHAUN F YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 8145 SUMMERHOUSE DRIVE WEST

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR93409412777**

Amount of Each Receipt this Period  

150.00
--------

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

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

Mailing Address 4556 SATTERTON CIRCLE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **684.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR93689212777**

Amount of Each Receipt this Period  

114.00
--------

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

**C. CHARLES SLOAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1904 SPRINGCROFT DRIVE

City FRANKLIN	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CUST SVC TECHNI
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

**Transaction ID : PR93689512777**

Amount of Each Receipt this Period  

57.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>321.00</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 118 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. JYOTHIRMAYI MAYI CHERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5136 ABBOTSBURY COURT  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR93938812777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DEBBIE J J MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 ALBAN MEWS  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORPORATE COMMU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR94089912777**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. EUSEBIO ZAMORA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9450 TARTAN RIDGE BLVD  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARMACY SUPPOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 31 / 2014  
**Transaction ID : PR94090012777**  
 Amount of Each Receipt this Period 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	264.00
<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 119 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DONALD M CASEY</b>		Date of Receipt 08 / 31 / 2014 <b>Transaction ID : PR94134312777</b>
Mailing Address 7708 TILLINGHAST DRIVE		Amount of Each Receipt this Period 576.90
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation CEO, MEDICAL SEGMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.40	

Full Name (Last, First, Middle Initial) <b>B. BRIAN K MERRILL</b>		Date of Receipt 08 / 31 / 2014 <b>Transaction ID : PR94451512777</b>
Mailing Address 6376 COUNTRYWOOD PL		Amount of Each Receipt this Period 60.00
City RANCHO CUCAMONGA	State CA	Zip Code 91739
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. SHAUNA M LATSHAW</b>		Date of Receipt 08 / 31 / 2014 <b>Transaction ID : PR99505112777</b>
Mailing Address 6069 TOURNAMENT DRIVE		Amount of Each Receipt this Period 114.00
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, SOFTWARE ENGINEE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 120 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ALAN L DEUTSCHENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8243 WORLEY DR.  
 City State Zip Code  
 LEWIS CENTER OH 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, DEPLOYMENT LEADE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR99505212777**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. SEAN C RAYNAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 MALLARD DRIVE  
 City State Zip Code  
 MONROEVILLE PA 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC DIR, PHARM OPS MGMNT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR99563112777**  
 Amount of Each Receipt this Period  
 57.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. GE CAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5360 FORT WARD DRIVE  
 City State Zip Code  
 NEW ALBANY OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, INFO SERVICES &  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : PR99977512777**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34505.09

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

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

FOR LINE NUMBER: PAGE 121 OF 124  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Comerica Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 75000  
 MC 2250  
 City Detroit State MI Zip Code 48275-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 259.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 8596010**  
 Amount of Each Receipt this Period  
 29.69  
 July Interest

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.69
<b>TOTAL</b> This Period (last page this line number only).....▶	29.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Void - Friends of Erik Paulsen

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2014

**Transaction ID : 8600669**

Amount of Each Disbursement this Period

-2500.00

Void - Friends of Erik Paulsen

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : 8600765**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Long Leaf Pine PAC**

Mailing Address 700 13TH STREET, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Long Leaf Pine PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : 8601332**

Amount of Each Disbursement this Period

3000.00

Direct Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

**Transaction ID : 8629224**

Amount of Each Disbursement this Period

3000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Welch for Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

**Transaction ID : 8629225**

Amount of Each Disbursement this Period

2000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Bluegrass Committee**

Mailing Address 220 1/2 E. St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

**Transaction ID : 8629226**

Amount of Each Disbursement this Period

5000.00
---------

Direct Contribution

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

10000.00
----------

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

13000.00
----------

**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 AKA Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Heard**

Mailing Address 87 S Hampton Rd

City Columbus State OH Zip Code 43213-1606

Purpose of Disbursement  
Stop Pymt - Friends of Heard

Category/  
Type

Candidate Name

**Tracey Heard**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 8600670**

Amount of Each Disbursement this Period

Stop Pymt - Friends of Heard

Full Name (Last, First, Middle Initial)

**B. Kasich Taylor for Ohio**

Mailing Address 14 East Gay St. 2nd Fl

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
John Kasich, GOVERNOR OH

Category/  
Type

Candidate Name

**John Kasich**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 8600767**

Amount of Each Disbursement this Period

John Kasich, GOVERNOR OH

Full Name (Last, First, Middle Initial)

**C. Mike Dewine for Ohio**

Mailing Address 2587 Conley Road

City Cedarville State OH Zip Code 45314

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**Mike Dewine**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 8629227**

Amount of Each Disbursement this Period

Direct Contribution

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

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