



**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="2015"/>		<input type="text" value="172227.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="173321.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24870.34"/>	<input type="text" value="82979.23"/>
(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="198191.35"/>	<input type="text" value="255206.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28000.00"/>	<input type="text" value="85015.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="170191.35"/>	<input type="text" value="170191.35"/>
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

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).....	13555.88	28298.64
(ii) Unitemized .....	11298.16	54628.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24854.04	82926.85
(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) .....	24854.04	82926.85
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.).....	16.30	52.38
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))..... ▶	24870.34	82979.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24870.34	82979.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	58500.00
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	15.00
(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	15.00
29. Other Disbursements .....	2500.00	26500.00
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)) ..	28000.00	85015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28000.00	85015.00

**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) .....	24854.04	82926.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	15.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24854.04	82911.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 52  
(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. Ola M Snow**

Mailing Address 267 Donerail Ave

City Powell State OH Zip Code 43065

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, HR Bus Partner Medical

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR100553416637**

Amount of Each Receipt this Period  
**100.00**

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

Full Name (Last, First, Middle Initial)  
**B. Rosemary Pitts**

Mailing Address 8673 Finlarig Dr.

City Dublin State OH Zip Code 43017

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, Strategic PIng/Execution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR118725316637**

Amount of Each Receipt this Period  
**76.00**

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

Full Name (Last, First, Middle Initial)  
**C. William C Putnam**

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 Occupation  
 CARDINAL HEALTH, INC VP, Scientific Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR120659916637**

Amount of Each Receipt this Period  
**76.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
<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. Tiffany P Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15402 Hidden Oaks Lane  
 City Carmel State IN Zip Code 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation President, Nuclear Pharmacy Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR120670116637**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Jennifer R Ferrang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Cardinal Health  
 100 Raritan Center Parkway  
 City Lebanon State NJ Zip Code 08833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, Direct Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR122787716637**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Thomas C Novelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6486 Sutcliffe Drive  
 City Alexandria State VA Zip Code 22315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR122840616637**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	536.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 52
	(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

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

**A. Scott J Wagner**  
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Breezy Lake Lane

City Flowery Branch State GA Zip Code 30542

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 ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124937416637**

Amount of Each Receipt this Period 76.00

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

**B. Jeffrey J Easterling**  
Full Name (Last, First, Middle Initial)

Mailing Address 965 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 Analytics Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124937516637**

Amount of Each Receipt this Period 60.00

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

**C. 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 ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124937616637**

Amount of Each Receipt this Period 76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
<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. 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, Territory Sales (Lab)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124937916637**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B. Robert D Wagner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8844 Tartan Fields Drive  
City Dublin State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, Strategic Sourcing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124938116637**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. Nancy Hula-Mills**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8581 The Island  
City Memphis State TN Zip Code 38125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, Sales (Enterprise Contractin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124938416637**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 10 OF 52  
(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**

Full Name (Last, First, Middle Initial)  
**A. Luis E Garcia**

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 Occupation  
CARDINAL HEALTH, INC VP, Nuclear Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR124938516637**

Amount of Each Receipt this Period  
**76.00**

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

Full Name (Last, First, Middle Initial)  
**B. Daniel C Stelter**

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 Occupation  
CARDINAL HEALTH, INC VP, Asc Gen Csl, Intell Prpty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR124938616637**

Amount of Each Receipt this Period  
**76.00**

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

Full Name (Last, First, Middle Initial)  
**C. Kevin Taylor**

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 Occupation  
CARDINAL HEALTH, INC VP, Product or Services Mktg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR124938816637**

Amount of Each Receipt this Period  
**76.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
<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. Ronald A Schultz</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR124939116637</b>
Mailing Address 1209 East Cork Street		Amount of Each Receipt this Period 100.00
City Kalamazoo	State MI	Zip Code 49001
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation Dir, Quality Assurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia M Davidson</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR124983716637</b>
Mailing Address 1350 N. Western Ave #103		Amount of Each Receipt this Period 76.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, Sales Operations Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas E Burke</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR124984316637</b>
Mailing Address 21 Parsons Drive		Amount of Each Receipt this Period 76.00
City Swampscott	State MA	Zip Code 01907
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM Innovative Delivery Solut	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<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 12 OF 52  
(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. John W Kilgour**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 764  
43 Fellows Rd.

City Ipswich State MA Zip Code 01938

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, Direct Sales Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
03 / 31 / 2015  
Transaction ID : PR124984416637

Amount of Each Receipt this Period  
76.00

P/R Deduction (\$38.00 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 ▼  
266.00

Date of Receipt  
03 / 31 / 2015  
Transaction ID : PR124984616637

Amount of Each Receipt this Period  
76.00

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 ▼  
266.00

Date of Receipt  
03 / 31 / 2015  
Transaction ID : PR124984916637

Amount of Each Receipt this Period  
76.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
<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. Brent E Stutz</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR124985216637</b>
Mailing Address 8176 Crossgate Court N		Amount of Each Receipt this Period 100.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, Commercial Technologies
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. James E Barnett</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR124985316637</b>
Mailing Address 4850 Pleasant Creek Court		Amount of Each Receipt this Period 76.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Asc Gen Csl, Corp/Secur
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. John M Adams</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR124985916637</b>
Mailing Address 3800 Beecham Ct.		Amount of Each Receipt this Period 100.00
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 General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. William Rozich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR124986016637</b>
Mailing Address 9926 MacDonald Drive		Amount of Each Receipt this Period 76.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP,HR Business Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Frederick P Jenny</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR124986316637</b>
Mailing Address 5013 straits link		Amount of Each Receipt this Period 76.00
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP,Software Engineering
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Eric Myers</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR124986516637</b>
Mailing Address 8410 Russett Ct		Amount of Each Receipt this Period 76.00
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, Labor/Employ
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

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

**A. Mark 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 Occupation  
CARDINAL HEALTH, INC VP, Direct Sales Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **212.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR124986916637**

Amount of Each Receipt this Period  
**40.00**

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 Occupation  
CARDINAL HEALTH, INC VP, Territory Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR124987216637**

Amount of Each Receipt this Period  
**76.00**

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 Occupation  
CARDINAL HEALTH, INC VP, Territory Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR124987316637**

Amount of Each Receipt this Period  
**76.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **192.00**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 52  
(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 Edgepark  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 316.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124987516637**  
 Amount of Each Receipt this Period 126.00  
 P/R Deduction (\$88.00 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 CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124987616637**  
 Amount of Each Receipt this Period 100.00  
 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 CAH at Home  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR124987816637**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 426.00  
**TOTAL** This Period (last page this line 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 52 (check only one)
<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"/>	<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. Kevin E Gehrt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR124988016637</b>
Mailing Address 7439 Merion Ct		Amount of Each Receipt this Period 76.00
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 Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Steven A Eisenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR124988216637</b>
Mailing Address 35590 Michael Dr		Amount of Each Receipt this Period 96.00
City Solon	State OH	Zip Code 44139
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, Comm/Trans (Atty)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00	
		P/R Deduction (\$67.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Paul R Gotti</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR124988416637</b>
Mailing Address 9960 Concord Rd		Amount of Each Receipt this Period 76.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, Nuclear Pharmacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	
		P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	248.00
<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 18 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARIBEL L DELFAUS ROSARIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PMB 101  
 405 AVE ESMERALDA STE 102  
 City GUAYNABO State PR Zip Code 00969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **266.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR124989216637**  
 Amount of Each Receipt this Period **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. 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 **266.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR124990116637**  
 Amount of Each Receipt this Period **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. JoAnna M Shore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6570 Wooded View Dr.  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, Direct Sales Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **266.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR124990316637**  
 Amount of Each Receipt this Period **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mark F Stauffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7000 Cardinal Place  
City State Zip Code  
Dublin OH 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CARDINAL HEALTH, INC VP, Tax  
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  
03 / 31 / 2015  
**Transaction ID : PR125269416637**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B. Kristin R Harper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5732 Rocky Shore Drive  
City State Zip Code  
Lewis Center OH 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CARDINAL HEALTH, INC VP, Marketing Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : PR129786916637**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. Mark R Overman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 900 Wyndham Hill Ct  
City State Zip Code  
Southlake TX 76092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CARDINAL HEALTH, INC VP, Account (Enterprise Contract)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 316.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : PR87377716637**  
Amount of Each Receipt this Period 90.40  
P/R Deduction (\$45.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.40
<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 52
<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. Linda S Lockyer</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87377816637</b>
Mailing Address 1133 Noe Street		Amount of Each Receipt this Period 76.00
City San Francisco	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Account (Enterprise Contrac
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Benjamin T Thompson</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87381416637</b>
Mailing Address 2029 Lewis Crossing Court		Amount of Each Receipt this Period 76.00
City Keller	State TX	Zip Code 76248
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Direct Sales Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. David A Goldsberry</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87382116637</b>
Mailing Address 321 St Andrews Ln		Amount of Each Receipt this Period 76.00
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Direct Sales Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 52
	(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

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

**A. Michael L Groesbeck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33916 N Summerfields Dr  
 City Gurnee State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA Medical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87382316637**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Debra L Schotz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 Thornwood Avenue  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM Perioperative Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87382716637**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Greg W Storm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Varies By Worker  
 City Little Rock State AR Zip Code 72223  
 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 ▼ 224.07

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87383416637**  
 Amount of Each Receipt this Period 64.02  
 P/R Deduction (\$32.01 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	244.02
<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 22 OF 52
<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. Stephen A Inacker</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87383516637</b>
Mailing Address 1471 Firwood Ct.		Amount of Each Receipt this Period 80.22
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 and Svcs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.77	P/R Deduction (\$40.11 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Susan J Jacobson</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87384516637</b>
Mailing Address 65 East Monroe #4606		Amount of Each Receipt this Period 76.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Kate C Spirko</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87385116637</b>
Mailing Address 6812 Spruce Pine Dr		Amount of Each Receipt this Period 76.00
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation Dir, HR Service Center
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.22
<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 23 OF 52
	(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

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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. Rachel R Stoll</b>		Date of Receipt
Mailing Address 4228 St. Andrews Blvd		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Irving	TX	75038
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR87385316637</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, Direct Sales Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="266.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rene Bloch</b>		Date of Receipt
Mailing Address 401 Spring Drive		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Yorktown Heights	NY	10598
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR87388416637</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	Exec, Territory Sales	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="266.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Annlea C Rumfola</b>		Date of Receipt
Mailing Address 10472 Mackenzie Way		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dublin	OH	43017
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR87388516637</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
Name of Employer	Occupation	P/R Deduction (\$38.00 Bi-Weekly)
CARDINAL HEALTH, INC	VP, Software Engineering	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="266.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="228.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52
	<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 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 - Med Shop

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87388616637**

Amount of Each Receipt this Period 76.00

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

**B. 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 Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 428.40

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87389416637**

Amount of Each Receipt this Period 122.40

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

**C. Joshua 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 Devel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87389616637**

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 298.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 52
<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 J Plava**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3526 Pembroke Dr  
City Richmond State TX Zip Code 77406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: VP, Pharm Ops & Account Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **591.29**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87390316637**  
Amount of Each Receipt this Period: 141.24  
P/R Deduction (\$70.62 Bi-Weekly)

**B. Robert S Summers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 146 Chasely Circle  
City Powell State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: Dir, Product or Services Mktg  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **219.31**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87390516637**  
Amount of Each Receipt this Period: 62.66  
P/R Deduction (\$31.33 Bi-Weekly)

**C. 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 **266.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87390716637**  
Amount of Each Receipt this Period: 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **279.90**  
**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 26 OF 52  
(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. Gary G Cacciatore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1330 Enclave Parkway  
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, Regulatory  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **303.91**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87391916637**  
Amount of Each Receipt this Period **108.26**  
P/R Deduction (\$69.13 Bi-Weekly)

**B. James L Scott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9318 Pradolina 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 Markets  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87392216637**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**C. Bradley G Cochran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2589 Aikin Circle S  
City Lewis Center State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation VP, Account  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **266.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87392416637**  
Amount of Each Receipt this Period **76.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **284.26**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
<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. William Owad</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87392516637</b>
Mailing Address 7558 Heatherwood Ln		Amount of Each Receipt this Period 200.60
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, Operational Excellence
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.10	P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Craig P Cowman</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87393116637</b>
Mailing Address 6851 Killilea Drive		Amount of Each Receipt this Period 100.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP, Global Sourcing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Margaret M LaValle</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87393516637</b>
Mailing Address 6810 Vineyard Haven Loop		Amount of Each Receipt this Period 100.00
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 52
	<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. Michael C Kaufmann</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87393816637</b>
Mailing Address 7160 Temperance Point St		Amount of Each Receipt this Period 384.60
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation Chief Financial Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Kevin M Kannally</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87394716637</b>
Mailing Address 14529 Robinson Rd		Amount of Each Receipt this Period 76.00
City Plain City	State OH	Zip Code 43064
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Operations Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Michael P Kennedy</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87395016637</b>
Mailing Address 4783 Vista Ridge Dr		Amount of Each Receipt this Period 200.60
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.10	P/R Deduction (\$100.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	661.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
<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. Carolyn 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 Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **266.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87395416637**  
Amount of Each Receipt this Period **76.00**  
P/R Deduction (\$38.00 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 Services Mktg  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **327.74**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87395816637**  
Amount of Each Receipt this Period **93.64**  
P/R Deduction (\$46.82 Bi-Weekly)

**C. Cassandra 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, Government Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **486.57**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87396416637**  
Amount of Each Receipt this Period **139.02**  
P/R Deduction (\$69.51 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>308.66</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 30 OF 52
<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. James M Barker</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87396616637</b>
Mailing Address 2761 Skelton Ln		Amount of Each Receipt this Period 73.12
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Strategic Sourcing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.92	P/R Deduction (\$36.56 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Stephen T Falk</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87396816637</b>
Mailing Address 2175 Lane Rd		Amount of Each Receipt this Period 200.00
City Columbus	State OH	Zip Code 43220
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP & General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Carole S Watkins</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87397216637</b>
Mailing Address 1967 Woodlands Place		Amount of Each Receipt this Period 384.60
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 Resources Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	657.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<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. Jon Giacomini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6792 Ingalls Ct  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDINAL HEALTH, INC Occupation CEO, Pharmaceutical Segment  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87397416637**  
Amount of Each Receipt this Period **150.00**  
P/R Deduction (\$75.00 Bi-Weekly)

**B. 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 Reg Cnsl  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87397816637**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**C. Michael 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 & Account Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **266.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR87398216637**  
Amount of Each Receipt this Period **76.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **326.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<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. Kathryn J Ableidinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Ashbury Ct  
 City Hudson State WI Zip Code 54016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: CARDINAL HEALTH, INC  
 Occupation: Dir, Operations Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87399016637**  
 Amount of Each Receipt this Period: 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Daniel R Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8124 Crooked Oaks Ct  
 City Gainesville State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: CARDINAL HEALTH, INC  
 Occupation: Dir, Pharm Ops & Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87399116637**  
 Amount of Each Receipt this Period: 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Stephen M Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4868 Carrigan Ridge  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: CARDINAL HEALTH, INC  
 Occupation: SVP, Retail Independent Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87399216637**  
 Amount of Each Receipt this Period: 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	352.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. David Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 Vinwood 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 Plng/Execution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87399416637**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. David E Gajeski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21406 Saunton Dr.  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87400316637**  
 Amount of Each Receipt this Period 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Gary B Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6146 Balmoral Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, Enterprise Corporate Accoun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.30

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR87400916637**  
 Amount of Each Receipt this Period 120.30  
 P/R Deduction (\$100.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 296.30  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 52
<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. Connie Woodburn</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87401516637</b>
Mailing Address 9761 Erin Woods Dr		Amount of Each Receipt this Period 270.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, Prof & Govt Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Robbie D Jorgensen</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87401616637</b>
Mailing Address 578 Morts Drive		Amount of Each Receipt this Period 76.00
City Wentzville	State MO	Zip Code 63385
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation Dir, Operations Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Brian Worth</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87401916637</b>
Mailing Address 5654 Rothesay Drive		Amount of Each Receipt this Period 100.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR Business Partner Pharma
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	446.00
<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 35 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Blair R Williams**

Mailing Address 7000 Cardinal Place

City State Zip Code  
Westerville OH 43081

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, HR Management

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  
**03 / 31 / 2015**

**Transaction ID : PR87403116637**

Amount of Each Receipt this Period  
**76.00**

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

Full Name (Last, First, Middle Initial)  
**B. Andrew R Keller**

Mailing Address PO Box 3732

City State Zip Code  
Dublin OH 43016

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, Strategic Plng/Execution

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  
**03 / 31 / 2015**

**Transaction ID : PR87403316637**

Amount of Each Receipt this Period  
**76.00**

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

Full Name (Last, First, Middle Initial)  
**C. Eric M Johnson**

Mailing Address 8078 Trail Lake Dr

City State Zip Code  
Powell OH 43065

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

Name of Employer Occupation  
CARDINAL HEALTH, INC VP, Fin Plng & Analysis

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  
**03 / 31 / 2015**

**Transaction ID : PR87404016637**

Amount of Each Receipt this Period  
**76.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 52
<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. Donna B Mann</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87404216637</b>
Mailing Address 6666 McVey Blvd		Amount of Each Receipt this Period 57.20
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 Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20	P/R Deduction (\$28.60 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Marc D DeLorenzo</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87404916637</b>
Mailing Address 231 Tiller Drive		Amount of Each Receipt this Period 76.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Territory Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Mary W Baxter</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87405516637</b>
Mailing Address 3273 Stapleford Chase		Amount of Each Receipt this Period 76.00
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 & Account Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.20
<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 52
	<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 Infrastructure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87406716637**  
 Amount of Each Receipt this Period: 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. James E Bach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 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 ▼ 266.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87406916637**  
 Amount of Each Receipt this Period: 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. John J Byrnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 Tucker Dr  
 City Worthington State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: CARDINAL HEALTH, INC  
 Occupation: VP, Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87407616637**  
 Amount of Each Receipt this Period: 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 52
	<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. Kenneth H Robinette</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR87407816637</b>
Mailing Address 9409 Avemore Ct.		Amount of Each Receipt this Period 76.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Deployment Leader
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. James W Hillman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR87409016637</b>
Mailing Address 141 Woodstream Dr		Amount of Each Receipt this Period 60.00
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 Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Michael A Mone'</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR87409516637</b>
Mailing Address 4909 Scenic Creek Dr		Amount of Each Receipt this Period 76.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Asc Gen Csl, Regulatory
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 39 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Martha Huston**

Mailing Address 490 E. Sunburst Ln

City State Zip Code  
 Tempe AZ 85284

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC President/CEO Canada

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR87410116637**

Amount of Each Receipt this Period  
**150.00**

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

Full Name (Last, First, Middle Initial)  
**B. Lisa Marling George**

Mailing Address 9334 Pratinolo Villa Dr.

City State Zip Code  
 Dublin OH 43016

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, Talent Mgmt

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  
**03 / 31 / 2015**

**Transaction ID : PR87410216637**

Amount of Each Receipt this Period  
**76.00**

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

Full Name (Last, First, Middle Initial)  
**C. Andrew T Alderman**

Mailing Address 1225 Leicester Pl.

City State Zip Code  
 Columbus OH 43235

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

Name of Employer Occupation  
 CARDINAL HEALTH, INC SVP, Strategy & Bus Dev

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  
**03 / 31 / 2015**

**Transaction ID : PR87410516637**

Amount of Each Receipt this Period  
**76.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **302.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 52
<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. Shelley A Bird**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7998 Caraway Ave  
 City State Zip Code  
 Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC EVP, Public Affairs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR87410616637**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. ISMAEL VILLARREAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5032 CALLE TINTILLO  
 City State Zip Code  
 GUAYNABO PR 00966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR87411016637**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. Jessica L Mayer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4852 Carrigan Ridge  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC VP, Comm/Trans (Atty)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR87411716637**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 52
<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. Dianne Radigan</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87415116637</b>
Mailing Address 900 Eastchester Dr		Amount of Each Receipt this Period 76.00
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, Community Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Sally Curley</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87415216637</b>
Mailing Address 9035 Esin Court		Amount of Each Receipt this Period 150.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, Investor Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. George S Barrett</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR87415316637</b>
Mailing Address 246 E. Sycamore St.		Amount of Each Receipt this Period 384.60
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, Cardinal Health
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 52  
(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 Pilkington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8191 Hillingdon 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, Strategy Mgmt  
 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  
 03 / 31 / 2015  
**Transaction ID : PR87415816637**  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. Craig Morford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5565 Lake Shore Ave,  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARDINAL HEALTH, INC Chief Legal/Compliance Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1346.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR87415916637**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR87417216637**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 52  
(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. William 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 Services NPS  
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  
**03 / 31 / 2015**  
**Transaction ID : PR87417316637**  
Amount of Each Receipt this Period  
**76.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**B. Luke C Augustine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10834 S 166th St  
City State Zip Code  
Omaha NE 68136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CARDINAL HEALTH, INC VP, Sales  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**  
**Transaction ID : PR87417416637**  
Amount of Each Receipt this Period  
**100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**C. Marc B Mullen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1650 Sherborne Lane  
City State Zip Code  
Powell OH 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CARDINAL HEALTH, INC VP, GM  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**  
**Transaction ID : PR87418516637**  
Amount of Each Receipt this Period  
**100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 52
<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. Patricia 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, Cust Care Shared Svcs,CIO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1346.10**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87420616637**  
Amount of Each Receipt this Period: **384.60**  
P/R Deduction (\$192.30 Bi-Weekly)

**B. Gilberto 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 **266.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87421216637**  
Amount of Each Receipt this Period: **76.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**C. Lane Cheramie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 152 West 117th Street  
City Cut Off State LA Zip Code 70345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: CARDINAL HEALTH, INC Occupation: Dir, Health System Pharmacy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **266.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : PR87421616637**  
Amount of Each Receipt this Period: **76.00**  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **536.60**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 52
<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. Meghan Fitzgerald</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87422816637</b>
Mailing Address 6 Morgan		Amount of Each Receipt this Period 100.00
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 Solutions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Daniel Movens</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87423116637</b>
Mailing Address 678 Woodland Bayou Drive		Amount of Each Receipt this Period 100.00
City Santa Rosa Beach	State FL	Zip Code 32459
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, ParMed Pharmaceutical
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Nicholas Augustinos</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR87424116637</b>
Mailing Address 2416 15th Street		Amount of Each Receipt this Period 200.00
City San Francisco	State CA	Zip Code 94114
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, Health Info & Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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 46 OF 52
<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. Kelly B Wilson</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR93689216637</b>
Mailing Address 7000 Cardinal Place		Amount of Each Receipt this Period 76.00
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, HR Business Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Debbie J Mitchell</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR94089916637</b>
Mailing Address 9 Alban Mews		Amount of Each Receipt this Period 100.00
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, Corporate Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Donald M Casey</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : PR94134316637</b>
Mailing Address 7708 Tillinghast Drive		Amount of Each Receipt this Period 384.60
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CEO, Medical Segment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 52  
(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.** Full Name (Last, First, Middle Initial)  
**Shauna M Latshaw**

Mailing Address 6069 Tournament Drive

City Westerville State OH Zip Code 43082

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

Name of Employer Occupation  
**CARDINAL HEALTH, INC** VP, Software Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : PR99505116637**

Amount of Each Receipt this Period  
76.00

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

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13555.88

**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. Leadership for America Today, Tomorrow & Always PAC**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Leadership for America Today, Tomorrow & Always PAC**

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 Y  
03 / 03 / 2015

**Transaction ID : 9039054**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Latta for Congress**

Mailing Address 900 19th Street NW 8th Fl

City State Zip Code  
Washington DC 20006

Purpose of Disbursement  
Void - Latta for Congress

011

Candidate Name  
**Rep. Robert Latta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2015

**Transaction ID : 9053122**

Amount of Each Disbursement this Period

-5000.00

Void - Latta for Congress

Full Name (Last, First, Middle Initial)

**C. Collins For Congress**

Mailing Address PO Box 1295

City State Zip Code  
Gainesville GA 30503

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Doug Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : 9070321**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

2000.00

**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. People For Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : 9070322**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address 499 S Capitol St SW  
Ste 420

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : 9080148**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Mailing Address 104 Hume Avenue

City State Zip Code  
Alexander VA 22301

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Frederick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : 9080149**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Health Industry Distributors Assoc PAC**

Mailing Address 310 Montgomery St

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Health Industry Distributors Assoc PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 9080150**

Amount of Each Disbursement this Period

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

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. AdvaMed PAC**

Mailing Address 701 Pennsylvania Ave NW Ste 800

City State Zip Code  
Washington DC 20004

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**AdvaMed PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 9080151**

Amount of Each Disbursement this Period

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

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. The Richard Burr Committee**

Mailing Address Post Office Box 5928

City State Zip Code  
Winston-Salem NC 27113

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Richard M. Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

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

**Transaction ID : 9080153**

Amount of Each Disbursement this Period

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

Direct Contribution

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Johnson**

Mailing Address 20 F Street NW Ste 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Sam Johnson**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : 9080154**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. George Holding for Congress**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. George Holding**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : 9090510**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Michael C. Burgess M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : 9090511**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

6500.00

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

25500.00

