

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="217293.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="146376.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11447.87"/>	<input type="text" value="244657.12"/>
(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="157824.01"/>	<input type="text" value="461951.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5500.00"/>	<input type="text" value="309627.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="152324.01"/>	<input type="text" value="152324.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10925.22	164174.29
(ii) Unitemized	489.64	80071.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11414.86	244246.15
(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)	11414.86	244246.15
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.).....	33.01	410.97
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))..... ▶	11447.87	244657.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11447.87	244657.12

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	84.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	84.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	241000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6500.00	68543.00
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)) ..	5500.00	309627.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	309627.00

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)	11414.86	244246.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11414.86	244246.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	84.00
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	84.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

We are amending this report to correct an employee id number error.

Form/Schedule:
Transaction ID:

**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 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 3510 DEEP COVE DRIVE

City CUMMING State GA Zip Code 30041

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

Name of Employer: CARDINAL HEALTH, INC Occupation: MGR, WAREHOUSE OPERA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.48**

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR7796914584

Amount of Each Receipt this Period: **10.88**

P/R Deduction (\$10.88 Bi-Weekly)

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

Mailing Address 7001 SEAVIEW AVE NW SUITE 150-17

City SEATTLE State WA Zip Code 98117

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR7800614584

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

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

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

Mailing Address 5633 N KOSTNER AVENUE

City CHICAGO State IL Zip Code 60646

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8737744584

Amount of Each Receipt this Period: **25.00**

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

SUBTOTAL of Receipts This Page (optional)..... **54.88**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THOMAS E E HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 54 BROOKSIDE LN
City LEMONT State IL Zip Code 60439
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8737754584
Amount of Each Receipt this Period **25.00**
P/R Deduction (\$25.00 Bi-Weekly)

B. TONY SZADO
Full Name (Last, First, Middle Initial)
Mailing Address 5342 S LEWISTON CT
City CENTENNIAL State CO Zip Code 80015
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8737764584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. MARK R OVERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 900 WYNDHAM HILL CT
City SOUTHLAKE State TX Zip Code 76092
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.99**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8737774584
Amount of Each Receipt this Period **19.27**
P/R Deduction (\$19.27 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **63.27**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LINDA S LOCKYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 NOE STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8737784584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. KENNETH G G KOHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 694 HAMPTON RD
 City GROSSE PTE. WOODS State MI Zip Code 48236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8737794584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. RONALD A A DEDELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1080 BIG WATER POINT
 City GREENSBORO State GA Zip Code 30642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8737804584
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	78.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2934 CENTRAL ST #3E

City EVANSTON State IL Zip Code 60201

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt: **10 / 17 / 2012**
Transaction ID : **PR8737814584**

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

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

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

Mailing Address 11016 SW 77 CT CIR

City PINECREST State FL Zip Code 33156

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt: **10 / 17 / 2012**
Transaction ID : **PR8737854584**

Amount of Each Receipt this Period: **20.00**

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

C. MARK T HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 6308 MCCOY

City SHAWNEE State KS Zip Code 66226

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 ▼ **312.57**

Date of Receipt: **10 / 17 / 2012**
Transaction ID : **PR8737874584**

Amount of Each Receipt this Period: **15.45**

P/R Deduction (\$15.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **73.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MARYANN CLYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 24262 CATALUNA CIR

City MISSION VIEJO State CA Zip Code 92691

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **284.79**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8737884584

Amount of Each Receipt this Period: **10.91**

P/R Deduction (\$10.91 Bi-Weekly)

B. CHERYL M M KAHN
Full Name (Last, First, Middle Initial)

Mailing Address 3049 MAPLE LEAF

City GLENVIEW State IL Zip Code 60026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8737904584

Amount of Each Receipt this Period: **10.00**

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

C. BARBARA A A DE FRANK
Full Name (Last, First, Middle Initial)

Mailing Address 1815 E CRABTREE DR

City ARLINGTON HEIGHTS State IL Zip Code 60004

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

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, SALES OPERATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8737914584

Amount of Each Receipt this Period: **10.00**

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

SUBTOTAL of Receipts This Page (optional)..... **30.91**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. ANTHONY J J CAPRIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 COTTAGE LANE
 City MARLBORO State NJ Zip Code 07746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8737934584
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. KATHY S POPEJOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11127 W 59TH AVE
 City ARVADA State CO Zip Code 80004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.46

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8737944584
 Amount of Each Receipt this Period 25.56
 P/R Deduction (\$25.56 Bi-Weekly)

C. FREDERICK D CK D NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7303 DEACON 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, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 855.06

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8737964584
 Amount of Each Receipt this Period 41.42
 P/R Deduction (\$41.42 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	166.98
TOTAL This Period (last page this line 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 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAMES L GILL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1529 WOODVALE AVENUE		Transaction ID : PR8737984584
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer CARDINAL HEALTH, INC	Occupation VP, GM STRATEGIC INI	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER J PHER J ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 3600 GEORGE PIERCE		Transaction ID : PR8737994584
City SUWANEE	State GA	Zip Code 30024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, QRA MGMT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) C. LISA A ASHBY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 9165 TERRAZZA N CRT		Transaction ID : PR8738004584
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CARDINAL HEALTH, INC	Occupation PRESIDENT, CATEGORY	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 30121 FIDDLERS GREEN

City FARMINGTON HILLS State MI Zip Code 48334

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.50

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738014584

Amount of Each Receipt this Period 13.50

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

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

Mailing Address 20 MCCUE RD

City MORGANVILLE State NJ Zip Code 07751

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738024584

Amount of Each Receipt this Period 19.00

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

C. ELIZABETH R TH R CARNES
Full Name (Last, First, Middle Initial)

Mailing Address 4830 BROOKSVIEW CIR

City NEW ALBANY State OH Zip Code 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738034584

Amount of Each Receipt this Period 50.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HARRY T VAIL
Full Name (Last, First, Middle Initial)

Mailing Address 2693 FOX RIVER LN

City NAPERVILLE State IL Zip Code 60565

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8738044584

Amount of Each Receipt this Period **19.00**

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

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

Mailing Address 3706 KENNEDY PLACE

City WILLIAMSBURG State MI Zip Code 49690

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8738064584

Amount of Each Receipt this Period **10.00**

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

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

Mailing Address 8158 ADMIRAL DRIVE

City WINDSOR State CO Zip Code 80528

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8738084584

Amount of Each Receipt this Period **10.00**

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

SUBTOTAL of Receipts This Page (optional)..... **39.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DAVID B RENDER
Full Name (Last, First, Middle Initial)
Mailing Address 6909 MARIS CT

City BURLESON	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.47	

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8738094584

Amount of Each Receipt this Period
14.31

P/R Deduction (\$14.31 Bi-Weekly)

B. JAMES A WHIDDEN
Full Name (Last, First, Middle Initial)
Mailing Address 10 CHERRY LANE

City CHESTER	State NY	Zip Code 10918
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, QRA MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8738104584

Amount of Each Receipt this Period
19.00

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

C. ROBERT M M RANDKLEV
Full Name (Last, First, Middle Initial)
Mailing Address 4708 MEANDERING WAY

City COLLEYVILLE	State TX	Zip Code 76034
FEC ID number of contributing federal political committee. C		
Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, SOUTHWEST RE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8738114584

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	53.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GEOFFREY Y Y Y MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 57-531 KAMEHAMEHA HWY
 City KAHUKU State HI Zip Code 96731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738124584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. FRANCINE H E H KENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 LOWES FARM PKWY
 City MANSFIELD State TX Zip Code 76063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738134584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. BENJAMIN T N T THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2029 LEWIS CROSSING COURT
 City KELLER State TX Zip Code 76248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738144584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CAROLYN S S DELA ROSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2741 N AUGUSTA DR
 City WADSWORTH State IL Zip Code 60083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES OPERATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738154584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. DONALD R R HOWARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1848 OVERLOOK DRIVE
 City MOUNT DORA State FL Zip Code 32757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738164584
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. LOUIS A MAYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 WHITTIER RD
 City MARBLEHEAD State MA Zip Code 01945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, NORTHEAST RE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738184584
 Amount of Each Receipt this Period 16.00
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	41.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. GARY H HOUGH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8738194584
Mailing Address 4039 S 108TH ST		Amount of Each Receipt this Period 10.00
City OMAHA State NE Zip Code 68137	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
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 ▼ 210.00

Full Name (Last, First, Middle Initial) B. LAUREL BEELER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8738204584
Mailing Address 1723 EAGLE TRL		Amount of Each Receipt this Period 25.00
City OXFORD State MI Zip Code 48371	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES TRAINING	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

Full Name (Last, First, Middle Initial) C. DAVID A GOLDSBERRY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8738214584
Mailing Address 321 ST ANDREWS LN		Amount of Each Receipt this Period 38.00
City GURNEE State IL Zip Code 60031	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00

SUBTOTAL of Receipts This Page (optional).....▶	73.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DANIEL L L SWANBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3648 TIERRA PARIS
 City EL PASO State TX Zip Code 79938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ENGINEERING MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738224584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL L L GROESBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 33916 N SUMMERFIELDS DR
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738234584
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. CHRISTOPHER L PHER L FREID
 Full Name (Last, First, Middle Initial)
 Mailing Address 24658 W. MAGNOLIA DR.
 City ANTIOCH State IL Zip Code 60002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738254584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 21 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RICHARD L L ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 GOODELL ROAD
 City FOLSOM State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738264584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738274584
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738284584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. STEVEN B B MERKIN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1481 COUNTRY LN		Transaction ID : PR8738294584
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUS PARTNER	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. MICHELE B B DONATICH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 520 PENNY LANE		Transaction ID : PR8738304584
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.83
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CUSTOMER ADVOCA	P/R Deduction (\$13.83 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.39	

Full Name (Last, First, Middle Initial) C. FRANK E RIDGWAY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 11513 TOTTENHAM PL		Transaction ID : PR8738324584
City RICHMOND	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	73.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5090 PK BROOKE WKWY

City ALPHARETTA State GA Zip Code 30022

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738334584

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 123 CHALLAIN DRIVE

City LITTLE ROCK State AR Zip Code 72223-5517

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 521.65

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738344584

Amount of Each Receipt this Period 15.98

P/R Deduction (\$15.98 Bi-Weekly)

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

Mailing Address 1490 S RIDGE ROAD

City LAKE FOREST State IL Zip Code 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 795.48

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738354584

Amount of Each Receipt this Period 37.88

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

SUBTOTAL of Receipts This Page (optional).....▶ 103.86

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

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

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

FOR LINE NUMBER: PAGE 24 OF 141
(check only one)

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

Full Name (Last, First, Middle Initial)
A. ROSE A KLOET

Mailing Address 4131 MATTHEW DR

City RACINE	State WI	Zip Code 53402
----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation MANAGER, EH&S
------------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8738374584

Amount of Each Receipt this Period

10.00

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

Full Name (Last, First, Middle Initial)
B. CHRISTIAN W AN W ARNOLD

Mailing Address 62 CALEF HIGHWAY, PMB126

City LEE	State NH	Zip Code 03861
-------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8738384584

Amount of Each Receipt this Period

10.00

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

Full Name (Last, First, Middle Initial)
C. GREGORY C C GROENKE

Mailing Address 7092 LAUREN CT

City GURNEE	State IL	Zip Code 60031
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8738404584

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	32.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WILFRIDO M O M SOSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 LIVE OAK
 City EL PASO State TX Zip Code 79932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738414584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. CHRISTOPHER F PHER F LANCTOT
 Full Name (Last, First, Middle Initial)
 Mailing Address 370 SAINT GEMMA DRIVE
 City O'FALLON State MO Zip Code 63366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738424584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738434584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 39.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1813 NEWTON AVENUE

City State Zip Code
PARK RIDGE IL 60068

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8738454584

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 203 COBBLESTONE DR

City State Zip Code
CHAPEL HILL NC 27516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8738464584

Amount of Each Receipt this Period
19.00

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

C. SCOTT A KILGREN
Full Name (Last, First, Middle Initial)

Mailing Address 6829 ROB ROY DRIVE

City State Zip Code
DUBLIN OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8738474584

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional)..... **67.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 141
	<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 A/K/A Cardinal Health Companies PAC

A. RACHEL R R STOLL
Full Name (Last, First, Middle Initial)

Mailing Address 420 WAKEFIELD BLUFF COURT

City	State	Zip Code
ALPHARETTA	GA	30004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8738534584

Amount of Each Receipt this Period

19.00

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

B. CHARLES L L COBB
Full Name (Last, First, Middle Initial)

Mailing Address 4038 E. RED OAK LN.

City	State	Zip Code
GILBERT	AZ	85297

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8738544584

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 18 MILLER DRIVE

City	State	Zip Code
SYLACAUGA	AL	35151

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

Name of Employer	Occupation
CARDINAL HEALTH, INC	EXEC, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8738564584

Amount of Each Receipt this Period

19.00

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

SUBTOTAL of Receipts This Page (optional).....	76.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MICHAEL P P DUSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 W JO LANE
 City ARLINGTON HEIGHTS State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM CRITICAL CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738574584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. JAMES H HORNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 ISLAND COVE ROAD
 City FORT MILL State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738594584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. PAUL S POGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1174 GREERS LANDING DR
 City HERNANDO State MS Zip Code 38632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738604584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BRENDA G G BARDEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 3435 ALTA VISTA DR		Transaction ID : PR8738614584
City CHATTANOOGA	State TN	Zip Code 37411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ACCOUNT MGMT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) B. DANNY W PENNY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 27 N LAKE AVE		Transaction ID : PR8738644584
City THIRD LAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PACKAGING ENGR	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) C. JAY C GREER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1472 MILL RACE		Transaction ID : PR8738654584
City ROCHESTER HILLS	State MI	Zip Code 48306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1811 WINDY HILL LANE

City PROSPER State TX Zip Code 75078

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738664584

Amount of Each Receipt this Period
 19.00

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

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

Mailing Address 809 EAST ROCKLAND RD

City LIBERTYVILLE State IL Zip Code 60048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738674584

Amount of Each Receipt this Period
 13.00

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

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

Mailing Address 1347 COVENTRY LN

City NORTHBROOK State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738684584

Amount of Each Receipt this Period
 19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **51.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : PR8738754584

Amount of Each Receipt this Period

20.00

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

B. ROBERT MOULTON
Full Name (Last, First, Middle Initial)
Mailing Address 7017 VIOLET VEIL

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA
------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : PR8738764584

Amount of Each Receipt this Period

19.00

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

C. JOSEPH L L BOURQUE
Full Name (Last, First, Middle Initial)
Mailing Address 18 BUSH HILL RD

City IPSWICH	State MA	Zip Code 01938
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES
------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : PR8738774584

Amount of Each Receipt this Period

19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8738784584
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8738794584
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

C. PAUL G FARLEY
Full Name (Last, First, Middle Initial)
Mailing Address 52 ONONDEGA RD
City NARRAGANSETT State RI Zip Code 02882
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8738804584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **49.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. EDWARD SULLIVAN
Full Name (Last, First, Middle Initial)
Mailing Address 26 BERNON DRIVE
City LINCOLN State RI Zip Code 02865
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 ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738814584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

B. DANIEL BISHOP
Full Name (Last, First, Middle Initial)
Mailing Address 21614 CANYON FOREST CT
City KATY State TX Zip Code 77450
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738824584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. PATRICK J J ECKHERT
Full Name (Last, First, Middle Initial)
Mailing Address 4509 HUNTER LAKE DR
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC SOURC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738834584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 401 SPRING DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC TERRITORY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : PR8738844584

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 8314 DAVINGTON DR

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : PR8738854584

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 124 FOX HAVEN DRIVE

City O'FALLON State MO Zip Code 63368

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : PR8738864584

Amount of Each Receipt this Period

38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MICHAEL D D SYNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 31772 FAIRWAY DR N
 City State Zip Code
 FORISTELL MO 63348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, TERRITORY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738884584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES W BONANNI
 Full Name (Last, First, Middle Initial)
 Mailing Address 7511 PLUM HOLLOW CIR
 City State Zip Code
 LIVERPOOL NY 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738894584
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738904584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KRISTINA M A M ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5464 HEATHROW DRIVE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, RESEARCH PROJEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738914584
 Amount of Each Receipt this Period 13.66
 P/R Deduction (\$13.66 Bi-Weekly)

B. SAMUEL M M TUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5719 TURNER LANE
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC SOURC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738924584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. ANDRE D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2514 BLUE WATER BAY DR
 City KATY State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8738934584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 42.66
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 39 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4954 ROSEGATE COURT

City State Zip Code
 DUBLIN OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1285.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8738944584

Amount of Each Receipt this Period
 61.20

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

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

Mailing Address 5721 CLOVER LANE

City State Zip Code
 WESTERVILLE OH 43081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 609.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8738964584

Amount of Each Receipt this Period
 29.00

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

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

Mailing Address 275 EAST CENTER ST

City State Zip Code
 SHAVERTOWN PA 18708

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 421.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8738984584

Amount of Each Receipt this Period
 20.33

P/R Deduction (\$20.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.53

TOTAL This Period (last page this line 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 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8738994584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. GEORGE J J PLAVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3526 PEMBROOKE DR
 City State Zip Code
 RICHMOND TX 77469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, PHARM OPS & ACCO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1453.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739034584
 Amount of Each Receipt this Period
 69.23
 P/R Deduction (\$69.23 Bi-Weekly)

C. ROBERT S S SUMMERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 CHASELY CIRCLE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MKTG & PRODUCT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 637.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739054584
 Amount of Each Receipt this Period
 30.35
 P/R Deduction (\$30.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	118.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. NATASHA C C NICOL
Full Name (Last, First, Middle Initial)

Mailing Address 35 RED TAIL HAWK LOOP

City PAWLEYS ISLAND State SC Zip Code 29585

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8739064584

Amount of Each Receipt this Period
19.00

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

B. SEAN M MCCAFFREY
Full Name (Last, First, Middle Initial)

Mailing Address 1020 BUCK RUN RD

City SOUTHPOINTE State PA Zip Code 15317

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8739074584

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 44 LAKE MIST DRIVE

City SUGAR LAND State TX Zip Code 77479

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8739084584

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)..... **77.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. STEVEN J J CALLISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1368 LINCOLN ROAD
 City COLUMBUS State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **386.73**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8739094584
 Amount of Each Receipt this Period **18.81**
 P/R Deduction (\$18.81 Bi-Weekly)

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

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8739104584
 Amount of Each Receipt this Period **15.00**
 P/R Deduction (\$15.00 Bi-Weekly)

C. MARK S PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 MORNINGSIDE DR
 City ALPHARETTA State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, GENERAL ACCTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8739114584
 Amount of Each Receipt this Period **10.00**
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	43.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SUSAN C JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 260 JENKINS ROAD

City LEBANON State TN Zip Code 37087

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8739124584

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

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

B. JUSTIN M M HOOPER
Full Name (Last, First, Middle Initial)

Mailing Address 2756 SILVERLEAF DR

City POWELL State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8739144584

Amount of Each Receipt this Period: **10.00**

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

C. WILLIAM F F SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 8501 HEATHERWOOD DRIVE

City SAVANNAH State GA Zip Code 31406

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

Name of Employer: CARDINAL HEALTH, INC Occupation: SR CNSLT, BUS SYS AN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **222.18**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8739154584

Amount of Each Receipt this Period: **10.58**

P/R Deduction (\$10.58 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **39.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN O GINN
Full Name (Last, First, Middle Initial)

Mailing Address 10120 TAN RARA DRIVE

City KNOXVILLE State TN Zip Code 37922

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739164584

Amount of Each Receipt this Period 19.00

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

B. DEBORAH BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 3204 STONEBRIDGE TR

City VALRICO State FL Zip Code 33596

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739174584

Amount of Each Receipt this Period 19.00

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

C. WILLIAM H H ZIMMERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 66 ELMWOOD DRIVE

City DELAWARE State OH Zip Code 43015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739184584

Amount of Each Receipt this Period 10.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GARY G CACCIATORE
Full Name (Last, First, Middle Initial)

Mailing Address 3810 LOCH GLEN CT

City HOUSTON State TX Zip Code 77059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **762.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8739194584

Amount of Each Receipt this Period
37.25

P/R Deduction (\$37.25 Bi-Weekly)

B. RICHARD F F COLLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2903 21ST AVE CT SE

City PUYALLUP State WA Zip Code 98372-1712

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8739204584

Amount of Each Receipt this Period
19.00

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

C. SCOTT DECKER
Full Name (Last, First, Middle Initial)

Mailing Address 9321 DONATELLO DRIVE

City DUBLIN State OH Zip Code 43016

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8739214584

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional).....▶	66.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 141
	(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 A/K/A Cardinal Health Companies PAC

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

Mailing Address 9318 PRATOLINA VILLA DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8739224584

Amount of Each Receipt this Period

50.00

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

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

Mailing Address 2589 AIKIN CIRCLE S

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
798.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8739244584

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 7558 HEATHERWOOD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2106.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8739254584

Amount of Each Receipt this Period

100.30

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JEFFERY T T PRENGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7628 WINDSOR DR
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONAL EXC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739274584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. CHRISTOPHER PHER ATZBACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 524 GARDEN DRIVE
 City MARYSVILLE State OH Zip Code 43040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, GENERAL ACCTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739284584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. LISA A STILLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5833 WHITECRAIGS CT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739294584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JEFFREY B B BRANNON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8739304584
Mailing Address 3965 CLEARLAKE CIRCL		Amount of Each Receipt this Period 94.00
City ZANESVILLE State OH Zip Code 43701	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

Full Name (Last, First, Middle Initial) B. CRAIG P COWMAN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8739314584
Mailing Address 6851 KILLILEA DRIVE		Amount of Each Receipt this Period 50.00
City DUBLIN State OH Zip Code 43017	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation SVP, PRODUCT MANAGEM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00

Full Name (Last, First, Middle Initial) C. LORI S HAVLOVITZ		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8739324584
Mailing Address 8969 SUNNINGDALE LANE		Amount of Each Receipt this Period 19.00
City DUBLIN State OH Zip Code 43017	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00

SUBTOTAL of Receipts This Page (optional).....▶	94.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1215 POLARIS PARKWAY # 175

City COLUMBUS State OH Zip Code 43240

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8739334584

Amount of Each Receipt this Period **19.00**

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

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

Mailing Address 5991 KITCHEN CT

City HILLIARD State OH Zip Code 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8739344584

Amount of Each Receipt this Period **20.00**

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

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

Mailing Address 9410 CULROSS CT

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8739354584

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **89.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH S S HODGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 GNARLED PINE DRIVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739364584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739374584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MICHAEL C C KAUFMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7160 TEMPERANCE POINT ST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739384584
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.30
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 51 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GREGORY BOGGS
Full Name (Last, First, Middle Initial)
Mailing Address 7746 POLO LANE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8739394584

Amount of Each Receipt this Period

19.00

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

B. ANGELA M M THOMAS
Full Name (Last, First, Middle Initial)
Mailing Address 9287 WINDY CREEK DR

City COLUMBUS	State OH	Zip Code 43240
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8739404584

Amount of Each Receipt this Period

20.00

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

C. AMY P SNOW
Full Name (Last, First, Middle Initial)
Mailing Address 5760 WHITECRAIGS CT

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8739414584

Amount of Each Receipt this Period

19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PETER A STOY
Full Name (Last, First, Middle Initial)
Mailing Address 1955 ENCLAVE DRIVE
City MT PLEASANT State SC Zip Code 29464
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **798.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8739424584
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$38.00 Bi-Weekly)

B. GREGORY A A EWING
Full Name (Last, First, Middle Initial)
Mailing Address 113 ELDERBERRY CT
City PATASKALA State OH Zip Code 43062
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8739444584
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8739464584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 53 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739474584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DANA R THACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2934 GRIFFIN DR
 City LEWIS CENTER State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739484584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JAMES P COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 69259 LEE ROAD
 City ST CLAIRSVILLE State OH Zip Code 43950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739494584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4783 VISTA RIDGE DR

City DUBLIN State OH Zip Code 43017

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

Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2106.30**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8739504584

Amount of Each Receipt this Period: **100.30**

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

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

Mailing Address 5696 TERRE PRINCE CT

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8739514584

Amount of Each Receipt this Period: **10.00**

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

C. CYNTHIA S S RHOMBERG
Full Name (Last, First, Middle Initial)

Mailing Address 9379 REDAN COURT

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : PR8739534584

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

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

SUBTOTAL of Receipts This Page (optional)..... **148.30**

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 55 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. CAROLYN E E GRANT		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8739544584
Mailing Address 6869 MEADOW GLEN DR		Amount of Each Receipt this Period 38.00
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR , GOVERNMENT REL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KRISTINA J A J KALLMEYER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8739554584
Mailing Address 3940 VILLAGE CLUB DRIVE		Amount of Each Receipt this Period 20.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. TODD J TREON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8739564584
Mailing Address 683 CROSSING CREEK S		Amount of Each Receipt this Period 10.00
City GAHANNA	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	68.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. AARON L PITTS
Full Name (Last, First, Middle Initial)
Mailing Address 5014 CLOSEBURN CT
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, STRATEGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8739574584
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 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, MKTG & PRODUCT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **953.16**

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8739584584
Amount of Each Receipt this Period: 45.68
P/R Deduction (\$45.68 Bi-Weekly)

C. RHONDA S S BAJENSKI
Full Name (Last, First, Middle Initial)
Mailing Address 9940 CONCORD RD
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, CONSUMER HEALTH
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8739594584
Amount of Each Receipt this Period: 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **105.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4077 PIONEER COURT

City State Zip Code
POWELL OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8739614584

Amount of Each Receipt this Period
19.00

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

Full Name (Last, First, Middle Initial)
B. THERESA FEIST

Mailing Address 5975 TRAFALGAR LANE

City State Zip Code
DUBLIN OH 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8739624584

Amount of Each Receipt this Period
10.00

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

Full Name (Last, First, Middle Initial)
C. NORA C MCPHERSON

Mailing Address 1108 BERGENIA DRIVE

City State Zip Code
REYNOLDSBURG OH 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8739634584

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CASSANDRA E RA E BAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1751 BARRINGTON RD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOV'T RELATIONS M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1359.42

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739644584
 Amount of Each Receipt this Period 65.84
 P/R Deduction (\$65.84 Bi-Weekly)

B. JAMES M BARKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2761 SKELTON LN
 City BLACKCLICK State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 658.90

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739664584
 Amount of Each Receipt this Period 34.33
 P/R Deduction (\$34.33 Bi-Weekly)

C. JAMES J HOMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 EDEN PARK DRIVE
 City FRANKLIN State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.72

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739674584
 Amount of Each Receipt this Period 13.32
 P/R Deduction (\$13.32 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	113.49
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STEPHEN T T FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2175 LANE RD
 City COLUMBUS State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP & GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739684584
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. CHAD E SANDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 ELLIS ST
 City PICKERINGTON State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739714584
 Amount of Each Receipt this Period 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. CAROLE S S WATKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1967 WOODLANDS PLACE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CHIEF HUMAN RESOURCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739724584
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 304.30
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 60 OF 141
	<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 A/K/A Cardinal Health Companies PAC

A. MARY C SCHERER
Full Name (Last, First, Middle Initial)

Mailing Address 223 WEATHERBURN CT

City POWELL State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8739734584

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 6792 INGALLS CT

City GALENA State OH Zip Code 43021

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

Name of Employer CARDINAL HEALTH, INC Occupation EVP, OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8739744584

Amount of Each Receipt this Period **75.00**

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

C. DALE A HILL
Full Name (Last, First, Middle Initial)

Mailing Address 5931 HERITAGE FARMS DR

City HILLIARD State OH Zip Code 43026

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM STRAT SOU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8739754584

Amount of Each Receipt this Period **19.00**

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

SUBTOTAL of Receipts This Page (optional)..... **109.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ANNE F MCCLUSKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10910 E SAN TAN BLVD
 City SUN LAKES State AZ Zip Code 85248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739764584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL WOHLFEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 CALEDONIA LANE
 City CRYSTAL LAKE State IL Zip Code 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739774584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT GIACALONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7471 BALFOURE CIRCLE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, REG AFFAIRS/CHF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739784584
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PAMELA S S HOLOHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 E WASHINGTON ST
 City GARDNER State IL Zip Code 60424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739794584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DEBRA A FLUNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 SUNNYSIDE AVE
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739804584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. MICHAEL D D BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3103 SADDLE RIDGE
 City RICHMOND State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739824584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHRISTINE M NE M KULLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1499 CARDIFF RD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739854584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. ELAINE NATSIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4091 WESTBURY
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation ASST SECRETARY, CORP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739864584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JACQUELINE A INE A GLEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address N 7896 VALLEY VIEW RD
 City NEW GLARUS State WI Zip Code 53574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8739874584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ANTHONY D D WOO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6151 HADDO WAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORP DEVEL, FIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739884584
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. TERESA M M JANZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2431 N. 84TH STREET
 City WAUWATOSA State WI Zip Code 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739894584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. KATHRYN J J ABLEIDINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 ASHBURY CT
 City HUDSON State WI Zip Code 54016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739904584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DANIEL R R ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8124 CROOKED OAKS CT
 City GAINESVILLE State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARMACY OPERATI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739914584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. STEVE M LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4868 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739924584
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GORDON A A CRAWFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 RICHARDS RD.
 City UTICA State OH Zip Code 43080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT PROG/PROJ MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8739934584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 66 OF 141
(check only one)

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

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

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

Mailing Address 326 VINWOOD LANE

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739944584

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 632 CHEOWA CIRCLE

City State Zip Code
KNOXVILLE TN 37919

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

Name of Employer Occupation
CARDINAL HEALTH, INC CHIEF CUSTOMER OFFIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739954584

Amount of Each Receipt this Period
192.30

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

Full Name (Last, First, Middle Initial)
C. STUART MARTIN

Mailing Address 9711 CONCORD RIDGE

City State Zip Code
BRENTWOOD TN 37027

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739974584

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 261.30

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 67 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LAWRENCE E MALHAM
Full Name (Last, First, Middle Initial)

Mailing Address 206 LONE OAK DRIVE

City State Zip Code
WHITE HOUSE TN 37188

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739984584

Amount of Each Receipt this Period
19.00

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

B. GEORGE R R KUNTZ
Full Name (Last, First, Middle Initial)

Mailing Address 51 W GRANVILLE RD

City State Zip Code
WORTHINGTON OH 43085

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8739994584

Amount of Each Receipt this Period
10.00

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

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

Mailing Address 30 CULLEN DR

City State Zip Code
MOBILE AL 36606

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR8740014584

Amount of Each Receipt this Period
15.00

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

SUBTOTAL of Receipts This Page (optional).....▶	44.00
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 68 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THEOTIS WILSON
Full Name (Last, First, Middle Initial)
Mailing Address 14607 VILLALONGA LN
City CHARLOTTE State NC Zip Code 28277
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740024584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID E GAJESKI
Full Name (Last, First, Middle Initial)
Mailing Address 352 DORADO BEACH EAST
City DORADO State PR Zip Code 00646
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **798.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740034584
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$38.00 Bi-Weekly)

C. JIMMY W NEIL
Full Name (Last, First, Middle Initial)
Mailing Address 328 CLAYDON WAY
City SACRAMENTO State CA Zip Code 95864
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, MKTG & PRODUCT M
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740044584
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JOEL S MCTOPY
Full Name (Last, First, Middle Initial)

Mailing Address 1506 FAIRVIEW DRIVE

City SUGAR LAND State TX Zip Code 77479

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740054584

Amount of Each Receipt this Period
 10.00

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

B. LLOYD D THURMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2527 PLANTATION SPRINGS

City RICHMOND State TX Zip Code 77406

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740064584

Amount of Each Receipt this Period
 10.00

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

C. MICHAEL E E COOPER
Full Name (Last, First, Middle Initial)

Mailing Address 1539 HIGHWAY 135

City RAYVILLE State LA Zip Code 71269

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740074584

Amount of Each Receipt this Period
 19.00

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

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KENDELL F F SHERRER
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 SOUTH PARKVIEW AVENUE
 SUITE 305
 City BEXLEY State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 422.31

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740084584
 Amount of Each Receipt this Period 20.11
 P/R Deduction (\$20.11 Bi-Weekly)

B. GARY B ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6146 BALMORAL DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, MIDWEST REGI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740094584
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. ERIC M NORMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7170 KINGSCOTE CT.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740104584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.11
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LEEANN EVENSEN
Full Name (Last, First, Middle Initial)
Mailing Address 1423 SHADY VALLEY
City SUGAR LAND State TX Zip Code 77479
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, BUS SYS AN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740114584
Amount of Each Receipt this Period **15.00**
P/R Deduction (\$15.00 Bi-Weekly)

B. THERESA L L GOULD
Full Name (Last, First, Middle Initial)
Mailing Address 3418 BIG HICKORY DR.
City KINGWOOD State TX Zip Code 77345
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740134584
Amount of Each Receipt this Period **25.00**
P/R Deduction (\$25.00 Bi-Weekly)

C. TINA M STAVINOHA
Full Name (Last, First, Middle Initial)
Mailing Address 125 ARROW ROAD
City EAGLE LAKE State TX Zip Code 77434
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, LEARNING MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740144584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **59.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CONNIE WOODBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9761 ERIN WOODS DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PROF & GOVT REL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2835.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740154584
 Amount of Each Receipt this Period
 135.00
 P/R Deduction (\$135.00 Bi-Weekly)

B. ROBBIE D D JORGENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 578 MORTS DRIVE
 City WENTZVILLE State MO Zip Code 63385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740164584
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. CORNELIUS T US T LANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 SOUTHRIDGE
 City ST LOUIS State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SR CNSLT, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740184584
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	183.00
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 73 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5654 ROTHESAY DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR8740194584

Amount of Each Receipt this Period
25.00

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

Full Name (Last, First, Middle Initial)
B. JOHN P POLLES

Mailing Address 45 KNOB HILL CIRCLE

City CANTON State MA Zip Code 02021

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR8740224584

Amount of Each Receipt this Period
10.00

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

Full Name (Last, First, Middle Initial)
C. DAVID S OLSON

Mailing Address 12211 CLEARFORK DR

City HOUSTON State TX Zip Code 77077

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, PHARMACY OPERAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR8740234584

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... **54.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ERIC C CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740244584
Mailing Address 2481 SUTTER PARKWAY		Amount of Each Receipt this Period 25.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ASC GEN CSL, COM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. KENNETH J J COOLS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740254584
Mailing Address 9621 SHOW JUMPER CT		Amount of Each Receipt this Period 10.00
City WILTON	State CA	Zip Code 95693
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. AMY TREAT		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740264584
Mailing Address 11107 SHELDON BEND RD		Amount of Each Receipt this Period 10.00
City RICHMOND	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, APP DESIGN & DE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RAYMOND GROTZINGER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 0836 SW CURRY ST # 102		Transaction ID : PR8740274584
City PORTLAND	State OR	Zip Code 97239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MULTI-FUNCTION	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) B. ROBERT G G MURPHY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 2818 FRANICS LANE		Transaction ID : PR8740284584
City COSTA MESA	State CA	Zip Code 92626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) C. DAVID M ELLIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 4801 THOR WAY		Transaction ID : PR8740294584
City CARMICHAEL	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RICHARD J J ROSENFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4827 ROCKWOOD DRIVE
 City WAXHAW State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740304584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. BLAIR R WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 663 LYNNFIELD DR
 City WESTERVILLE State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740314584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MARK STAMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1198 LINCOLN ROAD
 City COLUMBUS State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740324584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ANDREW R R KELLER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740334584
Mailing Address PO BOX 3732		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, INVENTORY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	

Full Name (Last, First, Middle Initial) B. CAROLYN S S BROWN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740344584
Mailing Address 13180 BEACH CLUB RD		Amount of Each Receipt this Period 10.00
City THE COLONY	State TX	Zip Code 75056
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SR CNSLT, SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. SIDNEY P P PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740354584
Mailing Address 1285 PLOVER CIR		Amount of Each Receipt this Period 19.00
City PONDER	State TX	Zip Code 76259
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR,CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 141
	(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 A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. DAVID A MAGNACCA		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740384584
Mailing Address 1297 BAYBORO DR		Amount of Each Receipt this Period 10.00
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MARKETING 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 (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANGELES M M BORREGO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740394584
Mailing Address PO BOX 941328		Amount of Each Receipt this Period 10.00
City HOUSTON	State TX	Zip Code 77094
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, FINANCE (GENERAL)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ERIC M JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740404584
Mailing Address 8078 TRAIL LAKE DR		Amount of Each Receipt this Period 38.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, FINANCE (GENERAL)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JILL F LANOUILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 OLD FARM ROAD
 City GRANVILLE State OH Zip Code 43023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, COMMUNICATION MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740414584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DONNA B MANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 MCVEY BLVD
 City WEST WORTHINGTON State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 572.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740424584
 Amount of Each Receipt this Period 27.54
 P/R Deduction (\$27.54 Bi-Weekly)

C. MELISSA A A LABER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7174 LINWORTH RD.
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740444584
 Amount of Each Receipt this Period 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	58.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KEVIN HARRY
Full Name (Last, First, Middle Initial)
Mailing Address 3003 BREEZEWOOD LN
City GALENA State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740454584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. LAUREN E E FIELDS
Full Name (Last, First, Middle Initial)
Mailing Address 4316 OAK WOOD COURT
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, KNOWLEDGE MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740464584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT B B BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 2434 BRYDEN ROAD
City COLUMBUS State OH Zip Code 43209
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8740484584
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARC D DELORENZO
Full Name (Last, First, Middle Initial)
Mailing Address 231 TILLER DRIVE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 798.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8740494584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

B. ROBERT M M BETCHLEY
Full Name (Last, First, Middle Initial)
Mailing Address 9678 OPAL COURT
City BRENTWOOD State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8740504584
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C. LINDA L GORDIEN
Full Name (Last, First, Middle Initial)
Mailing Address 2135 TULARE CT
City UPLAND State CA Zip Code 91784
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8740514584
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WILLIAM B B CHRISTIAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740534584
Mailing Address 3325 LITTLEPORT LANE		Amount of Each Receipt this Period 38.00
City ACWORTH	State GA	Zip Code 30101
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ERIC T BOLLING		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740544584
Mailing Address 13162 THORNTON DRIVE		Amount of Each Receipt this Period 19.00
City FRISCO	State TX	Zip Code 75035
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MARY W BAXTER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8740554584
Mailing Address 9601 ST REGIS TERR		Amount of Each Receipt this Period 38.00
City RICHMOND	State VA	Zip Code 23236
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS & ACCO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	
		P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 141
	(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 A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. BRANDON J J STUKENBERG		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 610 ROBERT YORK AVE		Transaction ID : PR8740564584
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. KIMBERLY A Y A ROBINETTE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 9409 AVE MORE CT.		Transaction ID : PR8740574584
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (SS) MG	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) C. TRICIA L L RIGEL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 5358 AGATE PL		Transaction ID : PR8740584584
City LEWIS CENTER	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, IT MGMT	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PAUL T BUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 66 W BEECHWOLD BLVD

City COLUMBUS State OH Zip Code 43214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8740594584

Amount of Each Receipt this Period
 19.00

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

B. CAMERON J J BRADY
Full Name (Last, First, Middle Initial)

Mailing Address 529 N. MILWAUKEE AVE.
UNIT 2N

City CHICAGO State IL Zip Code 60642

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, BUS INTEGRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8740624584

Amount of Each Receipt this Period
 19.00

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

C. MISTY R EICHER
Full Name (Last, First, Middle Initial)

Mailing Address 1001 ALMOND COURT

City MANFIELD State TX Zip Code 76063

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8740644584

Amount of Each Receipt this Period
 10.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SCOTT WOLFF
Full Name (Last, First, Middle Initial)

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740654584

Amount of Each Receipt this Period 19.00

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

B. BRIAN K SINGLETON
Full Name (Last, First, Middle Initial)

Mailing Address 2521 EAST 31ST STREET

City TULSA State OK Zip Code 74105

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740664584

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 50 TIMBERKNOLL LOOP

City POWELL State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740674584

Amount of Each Receipt this Period 38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CRAIG C BARANSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 MASSINA DR
 City WHEELING State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740684584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES E BACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 26061 TWIN POND RD
 City LAKE BARRINGTON State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740694584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. BRIAN R BUSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7483 BARDSTON DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740704584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 87 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT M M GABEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 BERLIN STATION RD
 City State Zip Code
 DELAWARE OH 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, RISK MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740714584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. HAROLD E E GRUBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7802 SPENCER BROOK DR
 City State Zip Code
 SUMMERFIELD NC 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740724584
 Amount of Each Receipt this Period
 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. WILLIAM J J SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 8648 FINLARIG DRIVE
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, FIN PLNG & ANAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8740734584
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HARRY BEDGOOD
Full Name (Last, First, Middle Initial)
Mailing Address 105 LEE SMITH LANE
City KERNERSVILLE State NC Zip Code 27284
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, OP EXCELLENCE D
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740744584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY W W HENDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 347 MORGAN LN
City GAHANNA State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation CHIEF FINANCIAL OFFI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740754584
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Bi-Weekly)

C. JOHN J BYRNES
Full Name (Last, First, Middle Initial)
Mailing Address 161 TUCKER DR
City WORTHINGTON State OH Zip Code 43085
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX TECHNICAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740764584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CRAIG E DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 15340 GINA LYNN COURT

City JACKSON State CA Zip Code 95642

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8740804584

Amount of Each Receipt this Period **38.00**

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

B. TIMOTHY W W BOWER
Full Name (Last, First, Middle Initial)

Mailing Address 1561 LITTLE FALLS DR

City CENTERVILLE State OH Zip Code 45458

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8740814584

Amount of Each Receipt this Period **19.00**

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

C. DONALD S S LUCHINI
Full Name (Last, First, Middle Initial)

Mailing Address 212 LAKESIDE DRIVE

City MCKEES ROCKS State PA Zip Code 15136

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (GENERA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8740824584

Amount of Each Receipt this Period **19.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DENNIS W W BRAUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5667 MEDALLION DR WEST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740834584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY E E GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 CAMBRIDGE BLVD
 City MARBLE CLIFF State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740864584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. AMELIA D D MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5864 LAKEVIEW DR
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, REGULA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740874584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JOSE ALFREDO FREDO ESPINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 HALIFAX DR.
 City MUNDELEIN State IL Zip Code 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, QRA MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740884584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. BENNY SLEDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8016 W 138TH TERRACE
 City OVERLAND PARK State KS Zip Code 66223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740894584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JAMES W HILLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODSTREAM DR
 City GRAND ISLAND State NY Zip Code 14072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740904584
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. COLLEEN GREINER
Full Name (Last, First, Middle Initial)

Mailing Address 619 GUIDE ROAD

City TABOR CITY State NC Zip Code 28463

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8740914584

Amount of Each Receipt this Period **19.00**

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

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

Mailing Address 2564 STONY POINT RD

City GRAND ISLAND State NY Zip Code 14072

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8740934584

Amount of Each Receipt this Period **10.00**

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

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

Mailing Address 7402 OVERLAND TRAIL

City DELAWARE State OH Zip Code 43015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8740944584

Amount of Each Receipt this Period **19.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL A A MONE
Full Name (Last, First, Middle Initial)
Mailing Address 4909 SCENIC CREEK DR
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, REG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740954584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

B. MICHAEL A A DUFFY
Full Name (Last, First, Middle Initial)
Mailing Address 6825 MACNEIL DR
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EVP, GLOBAL MFG & SU
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740964584
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Bi-Weekly)

C. STANLEY L L NAGEL
Full Name (Last, First, Middle Initial)
Mailing Address 5771 OLDENBURGH WAY
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8740974584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MARTHA HUSTON
Full Name (Last, First, Middle Initial)
Mailing Address 490 E. SUNBURST LN
City TEMPE State AZ Zip Code 85284
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, WEST REGION
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8741014584
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Bi-Weekly)

B. LISA MARLING-GEORGE
Full Name (Last, First, Middle Initial)
Mailing Address 9334 PRATOLINO VILLA DR.
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TALENT MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8741024584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. DONALD C C GREENWOOD
Full Name (Last, First, Middle Initial)
Mailing Address 14402 MARINA SAN PABLO PLACE # 1002
City JACKSONVILLE State FL Zip Code 32224-0828
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8741034584
Amount of Each Receipt this Period **25.00**
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **94.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANDREW T T ALDERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 LEICESTER PL.
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741054584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SHELLEY A A BIRD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7998 CARAWAY AVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741064584
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. ROBERT S S THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8338 AMBERLEIGH WAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OP EXCELLENCE DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741074584
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 163.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ANDREW W W WEHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 LITTLE BEAR LOOP
 City LEWIS CENTER State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIRECTOR, EH&S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741084584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. RONALD BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 NEWALBANYLINKDR
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741094584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ISMAEL VILLARREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7302 EMERALD GLEN DR
 City SUGAR LAND State TX Zip Code 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741104584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DAVID R DION
Full Name (Last, First, Middle Initial)

Mailing Address 182 N FLORA PARKWAY

City ADDISON State IL Zip Code 60101

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, QUALITY ASSURAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741114584

Amount of Each Receipt this Period 19.00

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

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

Mailing Address 8413 LYLWOOD COURT

City CHESTERFIELD State VA Zip Code 23838

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, TRANSPORTATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741124584

Amount of Each Receipt this Period 19.00

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

C. DAVID A GONZALES
Full Name (Last, First, Middle Initial)

Mailing Address 384 COLORADO DRIVE

City CEDAR CREEK State TX Zip Code 78612

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741134584

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MAUREEN GIRARD
Full Name (Last, First, Middle Initial)
Mailing Address 130 N GARLAND

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8741144584

Amount of Each Receipt this Period

19.00

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

B. ELIZABETH M TH M KRENZER
Full Name (Last, First, Middle Initial)
Mailing Address 343 MILFORD DR

City DEERFIELD	State IL	Zip Code 60015
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, MANUFACTURING
------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8741154584

Amount of Each Receipt this Period

19.00

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

C. JESSICA L L MAYER
Full Name (Last, First, Middle Initial)
Mailing Address 4852 CARRIGAN RIDGE

City DUBLIN	State OH	Zip Code 43017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8741174584

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional).....	68.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DENTON F F HEWITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1527 BERKSHIRE ROAD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMPENSATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741184584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JULIE HOLBEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3014 WALKERVIEW DR
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TALENT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741194584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. STUART G G LAWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5635 CYPRESS COURT
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CHIEF ACCOUNTIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741204584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CARA FORESTER

Mailing Address 6122 JANES WAY

City State Zip Code
 HILLIARD OH 43026

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

Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, COMMUNICATION M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8741214584

Amount of Each Receipt this Period
10.00

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

Full Name (Last, First, Middle Initial)
B. BONNY FOWLER

Mailing Address 214 CHERRY STREET

City State Zip Code
 GRANVILLE OH 43023

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

Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, COMMUNICATION M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8741234584

Amount of Each Receipt this Period
19.00

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

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

Mailing Address 1877 TEWKSBURY RD

City State Zip Code
 UPPER ARLINGTON OH 43221

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR8741244584

Amount of Each Receipt this Period
19.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 103 OF 141
(check only one)

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

A. RONALD T T FANNING
Full Name (Last, First, Middle Initial)
Mailing Address 433 WILSHIRE BLVD
City LIBERTY State MO Zip Code 64068
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, OPERATIONS MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8741294584
Amount of Each Receipt this Period: 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. EDEN C SULZER
Full Name (Last, First, Middle Initial)
Mailing Address 522 BANTRY ST
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, COMMUNICATION M
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.00

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8741314584
Amount of Each Receipt this Period: 12.00
P/R Deduction (\$12.00 Bi-Weekly)

C. PATRICK HALLORAN
Full Name (Last, First, Middle Initial)
Mailing Address 6180 MEMORIAL DRIVE
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, GLOBAL TRADE OP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 17 / 2012
Transaction ID : PR8741344584
Amount of Each Receipt this Period: 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SANJEETH H PAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 367 CEDAR TRACE
 City XENIA State OH Zip Code 45385-9392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM STRAT SOUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8741354584
 Amount of Each Receipt this Period **19.00**
 P/R Deduction (\$19.00 Bi-Weekly)

B. CHRISTINE L NE L BENTLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12283 SOUTH PARKER STREET
 City OLATHE State KS Zip Code 66061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, EXEC CNSLT, SCI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8741364584
 Amount of Each Receipt this Period **19.00**
 P/R Deduction (\$19.00 Bi-Weekly)

C. KEVIN L MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 CATALINA COURT
 City MACON State MO Zip Code 63552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8741384584
 Amount of Each Receipt this Period **19.00**
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH A A GOTTRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 874 AYLESBURY DRIVE
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741394584
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. LESLIE PRITCHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 WINCHESTER SOUTHERN RD
 City State Zip Code
 CANAL WINCHESTER OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741414584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JEFFREY A A CRIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 14177 PERFECT RD.
 City State Zip Code
 SUNBURY OH 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, APP DESIGN & DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741424584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RYAN V FIELDS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741434584
Mailing Address 4316 OAK WOOD CT.		Amount of Each Receipt this Period 10.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation MGR, STRATEGIC SOURC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. NICK RAUSCH		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741454584
Mailing Address 9585 MISSION DRIVE		Amount of Each Receipt this Period 10.00
City PLAIN CITY	State OH	Zip Code 43064
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, REGULATORY 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 (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOEL COLYER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741474584
Mailing Address 3009 ELSPETH COURT		Amount of Each Receipt this Period 10.00
City COLUMBUS	State OH	Zip Code 43231
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 141
(check only one)

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

A. JOHN C RADEMACHER
Full Name (Last, First, Middle Initial)
Mailing Address 5006 ROSALIND LANE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, NUCLEAR &
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8741484584
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Bi-Weekly)

B. SAMER ABDUL-SAMAD
Full Name (Last, First, Middle Initial)
Mailing Address 6271 BELVEDERE GREEN BLVD
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, TREASURER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8741504584
Amount of Each Receipt this Period 15.00
P/R Deduction (\$15.00 Bi-Weekly)

C. DIANNE RADIGAN
Full Name (Last, First, Middle Initial)
Mailing Address 900 EASTCHESTER DR
City GAHANNA State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMMUNITY RELAT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 798.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8741514584
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 153.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SALLY CURLEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741524584
Mailing Address 9035 ESIN COURT		Amount of Each Receipt this Period 75.00
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 RELATI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. GEORGE S S BARRETT		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741534584
Mailing Address 246 E. SYCAMORE ST.		Amount of Each Receipt this Period 192.30
City COLUMBUS	State OH	Zip Code 43206
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHAIRMAN/CEO, CARDIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. VINCENT D D TRAN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741544584
Mailing Address 2752 W 131ST TERRACE		Amount of Each Receipt this Period 10.00
City LEAWOOD	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, EXEC CNSLT, SCI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	277.30
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 109 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL T T CRAWFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6185 GRISHAM STREET
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM STRAT SOU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741564584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. MARK PILKINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4367 HICKORY ROCK DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741584584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. CRAIG MORFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5565 LAKE SHORE AVE,
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CHIEF COMPLIANCE/LEG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741594584
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.30
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1857 COLLINGSWOOD RD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM MED SVCS & S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8741634584

Amount of Each Receipt this Period **25.00**

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

B. MICHAEL J J MANGIONE
Full Name (Last, First, Middle Initial)

Mailing Address 10733 JONES ROAD

City CLARENCE State NY Zip Code 14031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8741644584

Amount of Each Receipt this Period **19.00**

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

C. ERIC J PERLA
Full Name (Last, First, Middle Initial)

Mailing Address 15426 COURT AMBER TL

City CYPRESS State TX Zip Code 77433

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR8741654584

Amount of Each Receipt this Period **19.00**

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

SUBTOTAL of Receipts This Page (optional)..... **63.00**

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

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

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

FOR LINE NUMBER: PAGE 111 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOEL M BARCZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 COUNTRY WALK DR
 City State Zip Code
 FLEMING ISLAND FL 32003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741674584
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DAVID E PARKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3527 BILLINGSLEY DR
 City State Zip Code
 MARIETTA GA 30062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, DIRECT SALES MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741694584
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. SEAN P WATERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 EAST ARABIAN DRIVE
 City State Zip Code
 GILBERT AZ 85296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, CHEM/PHARMA OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741714584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 32 PALISADES PARKWAY

City OAK RIDGE State TN Zip Code 37830

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 / /
Transaction ID : PR8741724584

Amount of Each Receipt this Period

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

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

Mailing Address 10744 CAMPDEN LAKES BLVD

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt
 / /
Transaction ID : PR8741734584

Amount of Each Receipt this Period

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

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

Mailing Address 10834 S 166TH ST

City OMAHA State NE Zip Code 68136

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 / /
Transaction ID : PR8741744584

Amount of Each Receipt this Period

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

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

TOTAL This Period (last page this line 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 113 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KATHERINE A NE A BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 NOBB HILL DR
 City HUDSONVILLE State MI Zip Code 49426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741754584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DANIEL F F MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WILLOWBROOK RD
 City WEST HARTFORD State CT Zip Code 06107-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741764584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. BENSON P P YANG
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 LAKESIDE DRIVE
 City CORTE MADERA State CA Zip Code 94925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741774584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CARROLL B B CALLICOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3139 SUMMERLIN DRIVE
 City BELDEN State MS Zip Code 38826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741784584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. BRITT R SCHERMERHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7821 NORTH BRANCH
 City MONCLOVA State OH Zip Code 43542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TRUSTED ADVISEM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741794584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. DAVID S ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 E CYNTHIA TRAIL
 City GOODLETTSVILLE State TN Zip Code 37072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PHARMACIST II, NUCLE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8741804584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOSEPH E E LUKACS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741814584
Mailing Address 18 VILLAGE GROVE RD		Amount of Each Receipt this Period 19.00
City LITTLE ROCK	State AR	Zip Code 72211
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, NUCLEAR PHARMAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) B. JACK L COFFEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741824584
Mailing Address 200 BAY SHORE DRIVE		Amount of Each Receipt this Period 50.00
City ROCKWOOD	State TN	Zip Code 37854
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, QRA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. DAO V PHO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8741834584
Mailing Address 5827 STONECREST DR.		Amount of Each Receipt this Period 19.00
City AGOURA HILLS	State CA	Zip Code 91301
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
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 ▼ 399.00	

SUBTOTAL of Receipts This Page (optional).....▶	88.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAMES FRIES		Date of Receipt 10 / 17 / 2012 Transaction ID : PR8741844584
Mailing Address 138 NEW CUT ROAD		Amount of Each Receipt this Period 19.00
City WINDER	State GA	Zip Code 30680
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, DIRECT SALES MG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) B. MARC B MULLEN		Date of Receipt 10 / 17 / 2012 Transaction ID : PR8741854584
Mailing Address 1650 SHERBORNE LANE		Amount of Each Receipt this Period 50.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. IHSIEN S S LIN		Date of Receipt 10 / 17 / 2012 Transaction ID : PR8741864584
Mailing Address 7664 MILL SPRINGS DRIVE		Amount of Each Receipt this Period 19.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, STRATEGIC PRICI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

SUBTOTAL of Receipts This Page (optional).....▶	88.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GEORGANN K N K MATHENY
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 RIDGE AVE
 City WEBSTER GROVES State MO Zip Code 63119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741874584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. WAYNE J BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 PETREL TRAIL
 City BRADENTON State FL Zip Code 34212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741884584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. CRAIG ROTHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 SEMINOLE WAY
 City SHORT HILLS State NJ Zip Code 07078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741894584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 118 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS J J RAFFERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 HERITAGE COURT
 City DELMONT State PA Zip Code 15626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, STRATEGIC SOURCI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741904584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL A A MARUSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 ALPINE CIRCLE
 City SANDY HOOK State CT Zip Code 06482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741914584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JAY CASSIDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9131 SADDLE HORN COURT
 City PROSPER State TX Zip Code 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8741924584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RONALD A A PADGITT
Full Name (Last, First, Middle Initial)
Mailing Address 5482 HYDE PARK DR
City HILLIARD State OH Zip Code 43026
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8741934584
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. ANITA ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 27341 DAKOTA AVE.
City ELKO State MN Zip Code 55020
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8741944584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. ERIC HILL
Full Name (Last, First, Middle Initial)
Mailing Address 17841 W. ELSBURY ST.
City GURNEE State IL Zip Code 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation PRODUCT/MARKET SR MA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8741954584
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	39.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ALFREDO S S RUSSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2490 ALUM CROSSING DRIVE
 City State Zip Code
 LEWIS CENTER OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, REGULATORY MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8742014584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID K KORENSTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3641 DAYSPRING DRIVE
 City State Zip Code
 HILLIARD OH 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC ASST GEN CSL, LITIGA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8742024584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. RICHARD W W WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 991
 City State Zip Code
 SUMNER WA 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR8742034584
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROGELIO A A ARMINO
Full Name (Last, First, Middle Initial)
Mailing Address 6213 BLUFF TRAIL LN
City EL PASO State TX Zip Code 79912
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONAL EXC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8742044584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. ELEANOR M M DAUFENBACH
Full Name (Last, First, Middle Initial)
Mailing Address 2029 W. LANE AVENUE
City COLUMBUS State OH Zip Code 43221
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS MG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8742054584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. PATRICIA A MORRISON
Full Name (Last, First, Middle Initial)
Mailing Address 55 EAST ERIE #3801
City CHICAGO State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EVP, CIO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8742064584
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SHERRI JONES
Full Name (Last, First, Middle Initial)

Mailing Address 1132 REGENCY DRIVE

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Occupation
CARDINAL HEALTH, INC CNSLT, OP EXCELLENCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8742084584

Amount of Each Receipt this Period
10.00

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

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

Mailing Address 129 NORWOOD AVE

City State Zip Code
MONTCLAIR NJ 07043

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8742094584

Amount of Each Receipt this Period
192.30

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

C. URSULA L L MCNEILL
Full Name (Last, First, Middle Initial)

Mailing Address 376 ROBERTS RUN COVE

City State Zip Code
SUWANEE GA 30024

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR8742104584

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.30

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

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

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

FOR LINE NUMBER: PAGE 124 OF 141
(check only one)

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

A. GILBERTO O QUINTERO
Full Name (Last, First, Middle Initial)
Mailing Address 6650 BRODIE BLVD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
798.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742124584

Amount of Each Receipt this Period
38.00

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

B. COLIN HATCH
Full Name (Last, First, Middle Initial)
Mailing Address 1351 NOE BIXBY ROAD

City COLUMBUS	State OH	Zip Code 43232
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TAX TECHNICAL
------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742154584

Amount of Each Receipt this Period
19.00

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

C. LANE CHERAMIE
Full Name (Last, First, Middle Initial)
Mailing Address 152 WEST 117TH STREET

City CUT OFF	State LA	Zip Code 70345
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
798.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742164584

Amount of Each Receipt this Period
38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DOUGLAS HELMREICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 DEESIDE DR.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING RESEA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742174584
 Amount of Each Receipt this Period **19.00**
 P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 W. SPRING STREET #1502
 City COLUMBUS State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM P4 HEALTHCAR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2106.30**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742194584
 Amount of Each Receipt this Period **100.30**
 P/R Deduction (\$100.30 Bi-Weekly)

C. ROBERT WELLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 BRIDLE PATH LANE
 City ANNAPOLIS State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, COM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **798.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742204584
 Amount of Each Receipt this Period **38.00**
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **157.30**
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 126 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARK S JONES
Full Name (Last, First, Middle Initial)

Mailing Address 1106 PORTSMOUTH CIRCLE

City	State	Zip Code
GURNEE	IL	60031

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

Name of Employer	Occupation
CARDINAL HEALTH, INC	DIR, MKTG & PRODUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742214584

Amount of Each Receipt this Period

19.00

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

B. ROBERT J J DOONE
Full Name (Last, First, Middle Initial)

Mailing Address 6119 PEPPERGRASS COURT

City	State	Zip Code
WESTERVILLE	OH	43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742224584

Amount of Each Receipt this Period

19.00

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

C. JEFFREY P P LEDBETTER
Full Name (Last, First, Middle Initial)

Mailing Address 6700 RIDPATH ROAD

City	State	Zip Code
GROVE CITY	OH	43123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742234584

Amount of Each Receipt this Period

19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MICHELLE M E M RETHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 BROMFIELD TRACE
 City CENTREVILLE State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8742244584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. CATHERINE S NE S KENWORTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 SLATE RUN WOODS COURT
 City COLUMBUS State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8742254584
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. NANCY SHAW GOLDSMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 CORBINS MILL DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ADVICE & COUNSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR8742264584
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 129.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KAUSHIK GHOSH
Full Name (Last, First, Middle Initial)
Mailing Address 7691 FINBARR COURT

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742274584

Amount of Each Receipt this Period

19.00

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

B. MEGHAN FITZGERALD
Full Name (Last, First, Middle Initial)
Mailing Address 6 MORGAN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742284584

Amount of Each Receipt this Period

50.00

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

C. MARSHA L L ARAGON
Full Name (Last, First, Middle Initial)
Mailing Address 29306 DAKOTA DR

City VALENCIA	State CA	Zip Code 91354
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR8742294584

Amount of Each Receipt this Period

19.00

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

SUBTOTAL of Receipts This Page (optional).....	88.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BRADLEY CRAWFORD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8742304584
Mailing Address 10385 N. WILD CREEK DRIVE		Amount of Each Receipt this Period 10.00
City ORO VALLEY	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation MGR, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. DANIEL MOVENS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8742314584
Mailing Address 987 RETREAT LANE		Amount of Each Receipt this Period 50.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, PARMED PHARM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. WILLIAM RENFER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR8742324584
Mailing Address 3328 E PINTAIL WAY		Amount of Each Receipt this Period 19.00
City ELK GROVE	State CA	Zip Code 95757
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. STEPHEN J J MEDVE
Full Name (Last, First, Middle Initial)
Mailing Address 271 E WHITTIER ST.
City COLUMBUS State OH Zip Code 43206
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SR RECRUITER - EXEC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742334584
Amount of Each Receipt this Period **19.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. CAROL GODFREY
Full Name (Last, First, Middle Initial)
Mailing Address 65 WESLEY STREET
City CLIFTON State NJ Zip Code 07013
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742344584
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

C. MATTHEW G G BAKER
Full Name (Last, First, Middle Initial)
Mailing Address 13602 ASHLEY RUN
City HOUSTON State TX Zip Code 77077
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **798.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742354584
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 131 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9094 MOORS PLACE N.

City State Zip Code
 DUBLIN OH 43017

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

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, FIN PLNG & ANALY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8742364584

Amount of Each Receipt this Period
 10.00

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

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

Mailing Address 2717 QUEEN ELAINE DRIVE

City State Zip Code
 LEWISVILLE TX 75056

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8742374584

Amount of Each Receipt this Period
 19.00

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

Full Name (Last, First, Middle Initial)
C. GAUTAM S S SHIRHATTIKAR

Mailing Address 5473A BRIARDALE LANE

City State Zip Code
 DUBLIN OH 43016

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR8742384584

Amount of Each Receipt this Period
 19.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 132 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RAMON GREGORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9003 MEDITERRA PLACE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CUSTOMER SERVIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742394584
 Amount of Each Receipt this Period **25.00**
 P/R Deduction (\$25.00 Bi-Weekly)

B. NICHOLAS S AUGUSTINOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 15TH STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HEALTH INFO & S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742414584
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$100.00 Bi-Weekly)

C. LAURA A PADGITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5482 HYDE PARK DR.
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, GOVERNMENT RELA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR8742424584
 Amount of Each Receipt this Period **10.00**
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **135.00**
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 133 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT A A HONNER
Full Name (Last, First, Middle Initial)
Mailing Address 7167 SPRINGVIEW LN
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR9340914584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

B. CATHY MOCK
Full Name (Last, First, Middle Initial)
Mailing Address 5440 YORK LANE NORTH
City COLUMBUS State OH Zip Code 43232
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, SUPPLIER DIVERS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR9340924584
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

C. SUSAN L WATSON
Full Name (Last, First, Middle Initial)
Mailing Address 3180 GUFFEY DR
City GROVE CITY State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT BUSINESS PAR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR9340934584
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHAUN F YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 8415 SUMMERHOUSE DR W

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR9340944584

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
--------	--------	--------	--------	--------

50.00

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

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

Mailing Address 4556 SATTERTON CIRCLE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR9368924584

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
--------	--------	--------	--------	--------

38.00

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

C. CHARLES SLOAN
Full Name (Last, First, Middle Initial)

Mailing Address 1904 SPRINGCROFT DRIVE

City FRANKLIN	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CUST SVC TECHNI
------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR9368954584

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
--------	--------	--------	--------	--------

19.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 OF 141
	(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 A/K/A Cardinal Health Companies PAC

A. WILLIAM C C BODINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 BONWIT ROAD
 City RYE BROOK State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM KINRAY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR9368964584
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. MICHELLE E GILE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 HANSON PLACE APT 12L
 City BROOKLYN State NY Zip Code 11243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR9368974584
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JYOTHIRMAYI MAYI CHERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5136 ABBOTSBURY COURT
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR9393884584
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DEBBIE J J MITCHELL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 9 ALBAN MEWS		Transaction ID : PR9408994584
City NEW ALBANY	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, PUBLIC RELATION	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. EUSEBIO ZAMORA		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 9450 TARTAN RIDGE BLVD		Transaction ID : PR9409004584
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PHARMACY SUPPOR	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) C. ROBERT KULIS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 6150 NORTH BAY RIDGE AVENUE		Transaction ID : PR9409024584
City WHITEFISH BAY	State WI	Zip Code 53217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM PHARMACY SOL	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	119.00
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 137 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DONALD M CASEY

Mailing Address 7708 TILLINGHAST DRIVE

City DUBLIN State OH Zip Code 43017

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

Name of Employer: **CARDINAL HEALTH, INC** Occupation: **CEO, MEDICAL SEGMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR9413434584

Amount of Each Receipt this Period
192.30

P/R Deduction (\$192.30 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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	192.30
TOTAL This Period (last page this line number only).....▶	10925.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.97

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : 6770063

Amount of Each Receipt this Period
33.01

September Interest

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	33.01
TOTAL This Period (last page this line number only).....▶	33.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee To Elect Gary L. Ackerman, Inc.

Mailing Address PO Box 95

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement
Void - Committee To Elect Gary L. Ackerman, Inc.

Candidate Name

Rep. Gary Ackerman

Office Sought: House
 Senate
 President
State: NY District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2012

Transaction ID : 6799198

Amount of Each Disbursement this Period

-1000.00

Void - Committee To Elect Gary L. Ackerman, Inc.

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

-1000.00

-1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Stephanie Kunze

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Stephanie Kunze, STATE HOUSE 24th OH

Candidate Name

Stephanie Kunze

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 24

Date of Disbursement

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

Transaction ID : 6779012

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Stephanie Kunze, STATE HOUSE 24th OH

Full Name (Last, First, Middle Initial)

B. Friends of Kris Jordan

Mailing Address 161 Stonebend Dr

City Powell State OH Zip Code 43065-8314

Purpose of Disbursement
Kris Jordan, STATE HOUSE 19th OH

Candidate Name

Kris Jordan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	1	2

Transaction ID : 6787107

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Kris Jordan, STATE HOUSE 19th OH

Full Name (Last, First, Middle Initial)

C. Tim Schaffer for Ohio Senate Committee

Mailing Address 1173 Stone Run Ct.

City Lancaster State OH Zip Code 43130

Purpose of Disbursement
Tim Schaffer, STATE SENATE 31st OH

Candidate Name

OH Sen. Tim Schaffer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	1	2

Transaction ID : 6787108

Amount of Each Disbursement this Period

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

Tim Schaffer, STATE SENATE 31st OH

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Kevin Bacon

Mailing Address 2931 E Dublin Granville Rd Ste 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name

Kevin Bacon

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6787109

Amount of Each Disbursement this Period

2500.00

Kevin Bacon, STATE SENATE 3rd OH

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

6500.00