

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="240043.49"/>	<input type="text" value="240043.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="276894.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37805.19"/>	<input type="text" value="75156.37"/>
(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="314699.86"/>	<input type="text" value="315199.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="131450.00"/>	<input type="text" value="131950.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="183249.86"/>	<input type="text" value="183249.86"/>
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)

Page 3

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5531.33	8326.13
(ii) Unitemized	32255.78	66794.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37787.11	75120.21
(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)	37787.11	75120.21
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.).....	18.08	36.16
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))..... ▶	37805.19	75156.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37805.19	75156.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127000.00	127000.00
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	4450.00	4950.00
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)) ..	131450.00	131950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131450.00	131950.00

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)	37787.11	75120.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37787.11	75120.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Tiffany P Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15402 Hidden Oaks Lane
 City Carmel State IN Zip Code 46033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation President, Nuclear Pharmacy Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 29 / 2016
Transaction ID : PR120670121772
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Michael B Petras
 Full Name (Last, First, Middle Initial)
 Mailing Address 3591 West Galloway
 City Richfield State OH Zip Code 44286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation Pres, Post-Acute Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR124987821772
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Jeffrey W Lovesy
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 W. Diana
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, Dir Sales Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR124989921772
 Amount of Each Receipt this Period 126.00
 Memo Item
 P/R Deduction (\$63.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph I DePinto
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Southern Hills Drive.
 City Skillman State NJ Zip Code 08558
 Name of Employer CARDINAL HEALTH, INC Occupation Pres, Specialty Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 401.20

Date of Receipt 02 / 29 / 2016
Transaction ID : PR131181021772
 Amount of Each Receipt this Period 200.60
 Memo Item
 P/R Deduction (\$100.30 Bi-Weekly)

B. Michael J Buck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 Bay Laurel Drive
 City Menlo Park State CA Zip Code 94025
 Name of Employer CARDINAL HEALTH, INC Occupation Pres, Medical Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR131729421772
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Sean Callinicos
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 North Oak St # 611
 City Arlington State VA Zip Code 22209
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, Prof & Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 29 / 2016
Transaction ID : PR131881221772
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	785.20
TOTAL This Period (last page this line 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 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stephen A Inacker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1471 Firwood Ct.
 City Marco Island State FL Zip Code 34145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC Pres, Hospital Sales and Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : PR87383521772
 Amount of Each Receipt this Period
 120.33
 Memo Item
 P/R Deduction (\$40.11 Bi-Weekly)

B. Ted L DiBiase
 Full Name (Last, First, Middle Initial)
 Mailing Address 4954 Rosegate Court
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, Org Health & Lab Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : PR87389421772
 Amount of Each Receipt this Period
 122.40
 Memo Item
 P/R Deduction (\$61.20 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 Occupation
 CARDINAL HEALTH, INC SVP, Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 401.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : PR87392521772
 Amount of Each Receipt this Period
 200.60
 Memo Item
 P/R Deduction (\$100.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	443.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michael 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 Occupation
CARDINAL HEALTH, INC Chief Financial Officer (CFO)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
02 / 29 / 2016
Transaction ID : PR87393821772

Amount of Each Receipt this Period
384.60

Memo Item

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

B. Carole 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 Occupation
CARDINAL HEALTH, INC Chief Human Resources Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
02 / 29 / 2016
Transaction ID : PR87397221772

Amount of Each Receipt this Period
384.60

Memo Item

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

C. Jon Giacomini
Full Name (Last, First, Middle Initial)

Mailing Address 6792 Ingalls Ct

City Galena State OH Zip Code 43021

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

Name of Employer Occupation
CARDINAL HEALTH, INC CEO, Pharmaceutical Segment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 29 / 2016
Transaction ID : PR87397421772

Amount of Each Receipt this Period
150.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	919.20
TOTAL This Period (last page this line 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 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stephen M Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 4868 Carrigan Ridge
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, Retail Independent Sales
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 02 / 29 / 2016
Transaction ID : PR87399221772
 Amount of Each Receipt this Period: 200.00
 Memo Item
 P/R Deduction (\$100.00 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: EVP, Enterprise Corporate Accoun
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **401.20**

Date of Receipt: 02 / 29 / 2016
Transaction ID : PR87400921772
 Amount of Each Receipt this Period: 200.60
 Memo Item
 P/R Deduction (\$100.30 Bi-Weekly)

C. Connie Woodburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 7070 Tuscany 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, Prof & Govt Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **540.00**

Date of Receipt: 02 / 29 / 2016
Transaction ID : PR87401521772
 Amount of Each Receipt this Period: 270.00
 Memo Item
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	670.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shelley A Bird
Full Name (Last, First, Middle Initial)
Mailing Address 7998 Caraway Ave
City State Zip Code
Dublin OH 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CARDINAL HEALTH, INC EVP, Office of the CEO
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
02 / 29 / 2016
Transaction ID : PR87410621772
Amount of Each Receipt this Period
200.00
 Memo Item
P/R Deduction (\$100.00 Bi-Weekly)

B. Ronald Brown
Full Name (Last, First, Middle Initial)
Mailing Address 7417 NewAlbanyLinkDr
City State Zip Code
New Albany OH 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CARDINAL HEALTH, INC VP, Operations_Mgmt
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
228.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016
Transaction ID : PR87410921772
Amount of Each Receipt this Period
114.00
 Memo Item
P/R Deduction (\$57.00 Bi-Weekly)

C. Sally J Curley
Full Name (Last, First, Middle Initial)
Mailing Address 9035 Esin Court
City State Zip Code
Powell OH 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CARDINAL HEALTH, INC SVP, Investor Relations
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016
Transaction ID : PR87415221772
Amount of Each Receipt this Period
150.00
 Memo Item
P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	464.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. George S Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 246 E. Sycamore St.

City Columbus State OH Zip Code 43206

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

Name of Employer: CARDINAL HEALTH, INC Occupation: Chairman/CEO, Cardinal Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt: **02 / 29 / 2016**
Transaction ID : **PR87415321772**

Amount of Each Receipt this Period: **384.60**

Memo Item

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

B. 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 Legal/Compliance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt: **02 / 29 / 2016**
Transaction ID : **PR87415921772**

Amount of Each Receipt this Period: **384.60**

Memo Item

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

C. Patricia Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 55 East Erie #3801

City Chicago State IL Zip Code 60611

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

Name of Employer: CARDINAL HEALTH, INC Occupation: EVP, Customer Support Services,

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt: **02 / 29 / 2016**
Transaction ID : **PR87420621772**

Amount of Each Receipt this Period: **384.60**

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... **1153.80**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 27
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Donald M Casey

Mailing Address 7708 Tillinghast Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
CARDINAL HEALTH, INC CEO, Medical Segment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
MM / DD / YYYY
02 / 29 / 2016

Transaction ID : PR94134321772

Amount of Each Receipt this Period
384.60

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	384.60
TOTAL This Period (last page this line number only).....▶	5531.33

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Rep. Susan Brooks

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2016

Transaction ID : 9669695

Amount of Each Disbursement this Period

1000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Gibbs For Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Mr. Robert Gibbs

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2016

Transaction ID : 9669696

Amount of Each Disbursement this Period

1000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 211 S 5th St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2016

Transaction ID : 9669697

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tuesday Group PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Tuesday Group PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9669698

Amount of Each Disbursement this Period

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9702394

Amount of Each Disbursement this Period

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Shore PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Shore PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9702395

Amount of Each Disbursement this Period

Memo Item
Direct Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Diana DeGette for Congress

Mailing Address 228 2nd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Diana DeGette

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702396

Amount of Each Disbursement this Period

2500.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. America Works PAC

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Direct Contribution

011

Candidate Name

America Works PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702397

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President
State: SC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702398

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Whitehouse For Senate

Mailing Address P.O. Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Sheldon Whitehouse

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702399

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Gene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702400

Amount of Each Disbursement this Period

2500.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Conyers For Congress

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. John Conyers Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702401

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House Senate President
State: CA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702402

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House Senate President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702403

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Michael Bishop

Category/
Type

Office Sought: House Senate President
State: MI District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702404

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dold For Congress		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address PO Box 6312		Transaction ID : 9702405
City Libertyville	State IL	
Purpose of Disbursement Direct Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Rep. Robert Dold	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item Direct Contribution
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 10	

Full Name (Last, First, Middle Initial) B. Carlos Curbelo Congress		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 8724 Sw 72nd St		Transaction ID : 9702406
City Miami	State FL	
Purpose of Disbursement Direct Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Rep. Carlos Curbelo	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item Direct Contribution
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: FL District: 26	

Full Name (Last, First, Middle Initial) C. Katko For Congress		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 228 S Washington St Ste 115		Transaction ID : 9702407
City Alexandria	State VA	
Purpose of Disbursement Direct Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Rep. John Katko	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item Direct Contribution
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NY District: 24	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Ryan Costello

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702408

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Mcsally for Congress

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Martha McSally

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702409

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. George Holding for Congress

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. George Holding

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702410

Amount of Each Disbursement this Period

2500.00

Memo Item
Direct Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Lone Star Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702411

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address 499 South Capitol St SW Ste 420

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702412

Amount of Each Disbursement this Period

2500.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address 499 South Capitol St SW Ste 420

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9702413

Amount of Each Disbursement this Period

2500.00

Memo Item
Direct Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Pat Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : 9702414

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Keystone America PAC

Mailing Address PO BOX 58746

City PHILADEPHIA State PA Zip Code 19102

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Keystone America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : 9702516

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. CHC BOLD PAC

Mailing Address PO BOX 75357

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Direct Contribution

011

Candidate Name

CHC BOLD PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : 9704686

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2016

Transaction ID : 9704687

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC - MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Majority Committee PAC - MC PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2016

Transaction ID : 9704689

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Democrats Reshaping America (DREAMPAC)

Mailing Address 410 1 ST, SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Democrats Reshaping America (DREAMPAC)

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2016

Transaction ID : 9704690

Amount of Each Disbursement this Period

2000.00

Memo Item
Direct Contribution

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address 499 S Capitol St SW
Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
c

011
Category/
Type

Candidate Name
Rep. John M. Shimkus

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : 9708725

Amount of Each Disbursement this Period

2500.00

Memo Item
c

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Rep. Erik P. Paulsen

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : 9708726

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Beatty For Congress

Mailing Address 233 South High St
Suite 300

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Ms. Joyce Beatty

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : 9712415

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marino for Congress

Mailing Address PO Box 653

City State Zip Code
Williamsport PA 17703

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Tom Marino

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 9712729

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Mailing Address 8331 LITTLE HARBOR DRIVE

City State Zip Code
CINCINNATI OH 45244

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : 9713414

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. CAPAC Leadership PAC

Mailing Address 1126 16th St. NW Ste 450

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Direct Contribution

011

Candidate Name

CAPAC Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2016

Transaction ID : 9718134

Amount of Each Disbursement this Period

5000.00

Memo Item
Direct Contribution

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

15000.00

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

127000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. 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

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9669699

Amount of Each Disbursement this Period

Memo Item
Stephanie Kunze, STATE HOUSE 24th OH

Full Name (Last, First, Middle Initial)

B. Mike Dewine for Ohio

Mailing Address 2587 Conley Road

City Cedarville State OH Zip Code 45314

Purpose of Disbursement
Mike Dewine, ATTORNEY GENERAL OH

Candidate Name
Mike Dewine

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9708637

Amount of Each Disbursement this Period

Memo Item
Mike Dewine, ATTORNEY GENERAL OH

Full Name (Last, First, Middle Initial)

C. Leslie Rutledge for Attorney General

Mailing Address PO Box 144

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Leslie Rutledge, ATTORNEY GENERAL AR

Candidate Name
Leslie Rutledge

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9708638

Amount of Each Disbursement this Period

Memo Item
Leslie Rutledge, ATTORNEY GENERAL AR

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Bill Schuette for Attorney General

Mailing Address 5915 EASTMAN AVE STE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Bill Schuette, Attorney General MI

Candidate Name

Bill Schuette

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 9708639

Amount of Each Disbursement this Period

450.00

Memo Item
Bill Schuette, Attorney General MI

Full Name (Last, First, Middle Initial)

B. Schimel for Attorney General

Mailing Address PO Box 26

City Nashotah State WI Zip Code 53058

Purpose of Disbursement
Brad Schimel, ATTORNEY GENERAL WI

Candidate Name

Brad Schimel

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 9708640

Amount of Each Disbursement this Period

500.00

Memo Item
Brad Schimel, ATTORNEY GENERAL WI

Full Name (Last, First, Middle Initial)

C. Friends of Marty Jackley

Mailing Address 1302 East Hwy 14
Suite 1

City Pierre State SD Zip Code 57501

Purpose of Disbursement
Marty Jackley, ATTORNEY GENERAL SD

Candidate Name

Marty Jackley

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : 9708641

Amount of Each Disbursement this Period

1000.00

Memo Item
Marty Jackley, ATTORNEY GENERAL SD

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

1950.00

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

4450.00