

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="195281.27"/>	<input type="text" value="195281.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="174354.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25831.62"/>	<input type="text" value="155454.97"/>
(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="200186.24"/>	<input type="text" value="350736.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47500.00"/>	<input type="text" value="198050.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="152686.24"/>	<input type="text" value="152686.24"/>
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

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).....	21846.08	83519.83
(ii) Unitemized	3951.62	71736.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25797.70	155255.92
(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)	25797.70	155255.92
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.).....	33.92	199.05
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))..... ▶	25831.62	155454.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25831.62	155454.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	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	3500.00	71000.00
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)) ..	47500.00	198050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47500.00	198050.00

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)	25797.70	155255.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25797.70	155255.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	50.00

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

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

FOR LINE NUMBER: PAGE 6 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. OLA M SNOW

Mailing Address 267 DONERAIL AVE

City State Zip Code
 POWELL OH 43065

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

Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, HR BUS PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR100553411740

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
B. KELLI M KOVAK

Mailing Address 195 N HARBOR DR #802

City State Zip Code
 CHICAGO IL 60601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR117426311740

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 8673 FINLARIG DR.

City State Zip Code
 DUBLIN OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR118725311740

Amount of Each Receipt this Period
76.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 114
	<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. RONALD J CLERICO
Full Name (Last, First, Middle Initial)

Mailing Address 485 TRILLIUM DRIVE

City GALLOWAY	State OH	Zip Code 43119
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR118725411740

Amount of Each Receipt this Period

38.00

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

B. MARY L HAMLIN
Full Name (Last, First, Middle Initial)

Mailing Address 308 ASHLEY CT

City WASHINGTON	State MO	Zip Code 63090
--------------------	-------------	-------------------

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 ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR120659511740

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 7531 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 VP, COMM BUSINESS PA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR120659611740

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
<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. KEVIN WILLIAMSON
Full Name (Last, First, Middle Initial)

Mailing Address 3155 VICTORIA DRIVE

City ALPINE State CA Zip Code 91901

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR120659811740

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 7812 W. 147TH TERRACE

City OVERLAND PARK State KS Zip Code 66223

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, SCIENTIFIC CONSU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR120659911740

Amount of Each Receipt this Period 76.00

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

C. FRANCISCO J NEGRON SEGARRA
Full Name (Last, First, Middle Initial)

Mailing Address ANGUEISES 1763 VENUS GARDENS

City RIO PIEDRAS State PR Zip Code 00926

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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR120660011740

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
	<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. LORI J ROEPKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 WHEELER DR
 City MANSFIELD State TX Zip Code 76063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR120669711740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. THERESE GROSSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17211 WILLOW RDGE CT
 City NORTHVILLE State MI Zip Code 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR120669811740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. TIMOTHY W HOUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 E. KRISTA WAY
 City TEMPE State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR120669911740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 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 10 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR120670111740
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRANDON W QUINDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10661 SOUTH 204TH ST
 City GRETNA State NE Zip Code 68028
 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 ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR120701111740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. GURU GURUSHANKAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 LE PARC DRIVE
 City PRINCETON JUNCTION State NJ Zip Code 08550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR120701211740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	460.60
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3 DUSTIN COURT

City MANSFIELD State MA Zip Code 02048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR122694711740

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address 8975 PORTOFINO PLACE

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR122694811740

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address 1342 WHITE OAK CT.

City NORTH HUNTINGDON State PA Zip Code 15642

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR122779711740

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 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 12 OF 114
<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 S NORRIS
Full Name (Last, First, Middle Initial)

Mailing Address 207 KING CT

City BULLARD State TX Zip Code 75757

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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR122779911740

Amount of Each Receipt this Period 38.00

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

B. GARVIN P PRESCOD
Full Name (Last, First, Middle Initial)

Mailing Address 1109 COLONIAL COURT

City EAGLEVILLE State PA Zip Code 19403

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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR122787611740

Amount of Each Receipt this Period 38.00

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

C. JENNIFER R FERRANG
Full Name (Last, First, Middle Initial)

Mailing Address 24 RAMSEY ROAD

City LEBANON State NJ Zip Code 08833

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR122787711740

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS NOVELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6486 SUTCLIFFE DRIVE
 City ALEXANDRIA State VA Zip Code 22315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOVERNMENT RELAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR122840611740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SCOTT J WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7504 BREEZY LAKE LANE
 City FLOWERY BRANCH State GA Zip Code 30521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TRANSPORTATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124937411740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. JEFFREY J EASTERLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 984 WESSINGTON MANOR LANE
 City FORT MILL State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM CUST ANLYTICS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124937511740
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4855 SPRING PARK CIR

City SUWANNE State GA Zip Code 30024

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR124937611740

Amount of Each Receipt this Period
 76.00

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

B. RYAN K COX
Full Name (Last, First, Middle Initial)

Mailing Address 639 NW FREMONT ST

City CAMAS State WA Zip Code 98607

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

Name of Employer CARDINAL HEALTH, INC Occupation VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR124937911740

Amount of Each Receipt this Period
 76.00

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

C. ROBERT D WAGNER
Full Name (Last, First, Middle Initial)

Mailing Address 7560 POLO LANE

City POWELL State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR124938111740

Amount of Each Receipt this Period
 76.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 114
	<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. CHRISTIAN A WENZKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2449 SOUTHWAY DR
 City COLUMBUS State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124938211740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. NANCY HULA-MILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8581 THE ISLAND
 City MEMPHIS State TN Zip Code 38125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124938411740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. LUIS E GARCIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5263 SW 152 AVENUE
 City MIRAMAR State FL Zip Code 33027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, NUCLEAR PHARMACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124938511740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 16 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. DANIEL C STELTER

Mailing Address 130 N GARLAND CT APT 4902

City State Zip Code
 CHICAGO IL 60602

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR124938611740

Amount of Each Receipt this Period
76.00

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

Full Name (Last, First, Middle Initial)
B. KEVIN TAYLOR

Mailing Address 1835 GLENN AVENUE

City State Zip Code
 UPPER ARLINGTON OH 43212

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

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, MKTG & PRODUCT M

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR124938811740

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 1209 EAST CORK STREET

City State Zip Code
 KALAMAZOO MI 49001

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR124939111740

Amount of Each Receipt this Period
100.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 114
	<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 AKA Cardinal Health Companies PAC

A. HELENE U GODAT
Full Name (Last, First, Middle Initial)
Mailing Address 5442 RIDGEDALE AVENUE
City DALLAS State TX Zip Code 75206
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, MULTI-FUNCTION M
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124939311740
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. RICHARD P WEHMAN
Full Name (Last, First, Middle Initial)
Mailing Address 6965 LAUREL OAK DR
City SUWANEE State GA Zip Code 30024
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124983411740
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. JACK R HIGHTOWER
Full Name (Last, First, Middle Initial)
Mailing Address 3506 MATT LANE
City TYLER State TX Zip Code 75701
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124983511740
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 202.00
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 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. CYNTHIA M DAVIDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 N. WESTERN AVE #103
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124983711740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DONNA M SHOWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 E 107TH ST CIR
 City BLOOMINGTON State MN Zip Code 55420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124984111740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. THOMAS E BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 PARSONS DRIVE
 City SWAMPSCOTT State MA Zip Code 01907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124984311740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOHN W KILGOUR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 764
 43 FELLOWS RD.
 City IPSWICH State MA Zip Code 01938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124984411740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. MARK S MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 TRANQUIL TRAIL
 City DUNLAP State TN Zip Code 37327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124984611740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. TERESA A STENTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2249 SHERINGHAM ROAD
 City UPPER ARLINGTON State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124984911740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 114
	<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. BRENT E STUTZ
Full Name (Last, First, Middle Initial)

Mailing Address 8176 CROSSGATE COURT N

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

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

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

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
06	/	30	/	2014

Transaction ID : PR124985211740

Amount of Each Receipt this Period

100.00

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

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

Mailing Address 4850 PLEASANT CREEK COURT

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, COR
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR124985311740

Amount of Each Receipt this Period

76.00

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

C. JOHN M ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 3800 BEECHAM CT.

City COLUMBUS	State OH	Zip Code 43220
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, ASSOCIATE GENER
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR124985911740

Amount of Each Receipt this Period

100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WILLIAM ROZICH
Full Name (Last, First, Middle Initial)

Mailing Address 9926 MACDONALD DRIVE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR124986011740

Amount of Each Receipt this Period **76.00**

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

B. FREDERICK P JENNY
Full Name (Last, First, Middle Initial)

Mailing Address 7284 LONDON LANE

City NEW ALBANY State OH Zip Code 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR124986311740

Amount of Each Receipt this Period **76.00**

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

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

Mailing Address 8410 RUSSETT CT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR124986511740

Amount of Each Receipt this Period **76.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 114
<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. JEAN KAPPES
Full Name (Last, First, Middle Initial)
Mailing Address 6 BRIGHTWATER PLACE
City MASSAPEQUA State NY Zip Code 11758
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 ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124986811740
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. MARK L LIEBERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 11 CHERRY HILL LANE
City MANALAPAN State NJ Zip Code 07726
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124986911740
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

C. THOMAS M PELIZZA
Full Name (Last, First, Middle Initial)
Mailing Address 34 SASSINORO DRIVE
City PUTNAM VALLEY State NY Zip Code 10579
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124987211740
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 23 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL J ROTHSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 TODD CT
 City HUNTINGTON STATION State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124987311740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. CHRISTOPHER G LINDROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 PRESCOTT DR
 City HUDSON State OH Zip Code 44236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM EDGE PARK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124987511740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. KURT R PACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 BRANDYWINE DR
 City HUDSON State OH Zip Code 44236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM ASSURAMED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124987611740
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MICHAEL B PETRAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3591 WEST GALLOWAY
 City RICHFIELD State OH Zip Code 44286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, GM ASSURAMED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124987811740
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DALE E KENDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 SUN RIDGE LN
 City CHAGRIN FALLS State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MARKETING MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124987911740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. KEVIN E GEHRT
 Full Name (Last, First, Middle Initial)
 Mailing Address 7439 MERION CT
 City SOLON State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124988011740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. STEVEN A EISENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 35590 MICHAEL DR
 City SOLON State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, COMM/TRANS (ATTY)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124988211740
 Amount of Each Receipt this Period 58.00
 P/R Deduction (\$29.00 Bi-Weekly)

B. PAUL R GOTTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9960 CONCORD RD
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, NUCLEAR PHARMACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124988411740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MARIBEL L DELFAUS ROSARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address PMB 101
 405 AVE ESMERALDA
 City GUAYNABO State PR Zip Code 00969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR124989211740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 26 OF 114
(check only one)

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

Full Name (Last, First, Middle Initial)
A. RECIE BOMAR

Mailing Address 9009 CALLAWAY DRIVE

City TAMPA State FL Zip Code 34655

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, HEALTH SYSTEM PH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
06 / 30 / 2014

Transaction ID : PR124989311740

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 5208 WYNNEFORD WAY

City RALEIGH State NC Zip Code 27614

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, GM SPECIALTY-MAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
06 / 30 / 2014

Transaction ID : PR124990011740

Amount of Each Receipt this Period
76.00

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

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

Mailing Address 2945 SURREY LANE

City WESTON State FL Zip Code 33331

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

Name of Employer Occupation
CARDINAL HEALTH, INC VP, SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
06 / 30 / 2014

Transaction ID : PR124990111740

Amount of Each Receipt this Period
76.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 27 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOANNA M SHORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6570 WOODDED VIEW DR.
 City HUDSON State OH Zip Code 44236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR124990311740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. MARK F STAUFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 CARDINAL PLACE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR125269411740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. PAUL R LEODLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8696 NW ANDERSON HILL RD
 City SILVERDALE State WA Zip Code 98383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHYSICAL SECURI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR78006111740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROBERT 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 ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87377411740

Amount of Each Receipt this Period

50.00

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

B. THOMAS E E HUNT
Full Name (Last, First, Middle Initial)

Mailing Address 8093 WILDWOOD LANE

City DARIEN	State IL	Zip Code 60561
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87377511740

Amount of Each Receipt this Period

50.00

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

C. 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 ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87377611740

Amount of Each Receipt this Period

38.00

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

SUBTOTAL of Receipts This Page (optional).....	138.00
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 29 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARK 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 Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 455.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87377711740
 Amount of Each Receipt this Period
 89.32
 P/R Deduction (\$44.66 Bi-Weekly)

B. LINDA S LOCKYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 NOE STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87377811740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. RONALD A A DEDELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1080 BIG WATER POINT
 City GREENSBORO State GA Zip Code 30642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SALES OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87378011740
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.32
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARK 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 ▼ 221.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87378711740

Amount of Each Receipt this Period
 34.62

P/R Deduction (\$17.31 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 ▼ 338.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87379411740

Amount of Each Receipt this Period
 52.14

P/R Deduction (\$26.07 Bi-Weekly)

C. CHRISTOPHER J PHER J ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 3600 GEORGE PIERCE

City SUWANEE State GA Zip Code 30024

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87379911740

Amount of Each Receipt this Period
 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 114
<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. LISA A ASHBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 MUIRFIELD CT
 City AUGUSTA State GA Zip Code 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, MED DEVICE & D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87380011740
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87380211740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87380411740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 32 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES A WHIDDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 CHERRY LANE
 City CHESTER State NY Zip Code 10918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, REGULATORY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87381011740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ROBERT M M RANDKLEV
 Full Name (Last, First, Middle Initial)
 Mailing Address 4708 MEANDERING WAY
 City COLLEYVILLE State TX Zip Code 76034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HSS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87381111740
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. GEOFFREY Y Y Y MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 57-531 KAMEHAMEHA HWY
 City KAHUKU State HI Zip Code 96731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87381211740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.00
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 33 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BENJAMIN T N T THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2029 LEWIS CROSSING COURT
 City KELLER State TX Zip Code 76248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation NVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87381411740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. LAUREL BEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 EAGLE TRL
 City OXFORD State MI Zip Code 48371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87382011740
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. DAVID A GOLDSBERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 ST ANDREWS LN
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87382111740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.00
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 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87382211740
 Amount of Each Receipt this Period 38.00
 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 ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87382311740
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. DEBRA L SCHOTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 THORNWOOD AVENUE
 City WILMETTE State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PERIOPERATIV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87382711740
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	218.00
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 114
	<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 AKA 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87384111740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. SUSAN J JACOBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 EAST MONROE #4606
 City CHICAGO State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87384511740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. ROBERT B B HOBGOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 N. PINE STREET UNIT 3906
 City CHARLOTTE State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87384611740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	152.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 114
	<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. EVELYN LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3333 HAWKS RIDGE DR

City LAKELAND	State FL	Zip Code 33810
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87384811740

Amount of Each Receipt this Period

40.00

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

B. KATE C SPIRKO
Full Name (Last, First, Middle Initial)

Mailing Address 6812 SPRUCE PINE DR

City COLUMBUS	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HR SERVICE CENT
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87385111740

Amount of Each Receipt this Period

76.00

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

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

Mailing Address 4228 ST. ANDREWS BLVD

City IRVING	State TX	Zip Code 75038
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87385311740

Amount of Each Receipt this Period

76.00

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

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

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

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

FOR LINE NUMBER: PAGE 38 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. STACY SEPTER
 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, ACCOUNT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87385611740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JAMES H HORNER
 Mailing Address 2706 ISLAND COVE ROAD
 City State Zip Code
 FORT MILL SC 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MANUFACTURING M
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87385911740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PAUL S POGUE
 Mailing Address 1174 GREERS LANDING DR
 City State Zip Code
 HERNANDO MS 38632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, PRODUCT OR SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87386011740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 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 39 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRENDA G G BARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 ALTA VISTA DR
 City CHATTANOOGA State TN Zip Code 37411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87386111740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DANNY W PENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 N LAKE AVE
 City THIRD LAKE State IL Zip Code 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PACKAGING ENGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87386411740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JAY C GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1472 MILL RACE
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87386511740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 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 40 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARK MISPLAY
Full Name (Last, First, Middle Initial)
Mailing Address 4007 CHELSEA GREEN EAST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87386611740

Amount of Each Receipt this Period

38.00

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

B. CURTIS L L WILENS
Full Name (Last, First, Middle Initial)
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 ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87386811740

Amount of Each Receipt this Period

38.00

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

C. 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 ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87387511740

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	116.00
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 41 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEPHEN 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87387811740

Amount of Each Receipt this Period
 40.00

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

B. 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87388011740

Amount of Each Receipt this Period
 38.00

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

C. 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87388211740

Amount of Each Receipt this Period
 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PATRICK J J ECKHERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4685 SEVEN LAKES PL
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, SOURCING MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87388311740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. RENE BLOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 SPRING DRIVE
 City State Zip Code
 YORKTOWN HEIGHTS NY 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC TERRITORY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87388411740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. ANNLEA C C RUMFOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 10472 MACKENZIE WAY
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SOFTWARE ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87388511740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
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 43 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN A FIACCO		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR87388611740
Mailing Address 124 FOX HAVEN DRIVE		Amount of Each Receipt this Period 76.00
City O'FALLON	State MO	Zip Code 63368
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS MGMT -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	
		P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MICHAEL D D SYNOR		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR87388811740
Mailing Address 31772 FAIRWAY DR N		Amount of Each Receipt this Period 38.00
City FORISTELL	State MO	Zip Code 63348
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, TERRITORY SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ERIC D SUTHERLAND		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR87389011740
Mailing Address 6433 TULIPWOOD LANE		Amount of Each Receipt this Period 38.00
City JAMESVILLE	State NY	Zip Code 13078
FEC ID number of contributing federal political committee.	C	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	
		P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 114
<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. ANDRE D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1327 LAKE GRAYSON DRIVE
 City KATY State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87389311740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. TED L DIBIASE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4954 ROSEGATE COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ORG HEALTH & LAB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 795.60

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87389411740
 Amount of Each Receipt this Period 122.40
 P/R Deduction (\$61.20 Bi-Weekly)

C. JOSHUA T T GAINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2629 BEXLEY PARK ROAD
 City BEXLEY State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & CORP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87389611740
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	260.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 114
<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 FLANNERY
Full Name (Last, First, Middle Initial)

Mailing Address 275 EAST CENTER ST

City SHAVERTOWN State PA Zip Code 18708

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **279.37**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87389811740

Amount of Each Receipt this Period **42.98**

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

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

Mailing Address 4871 NORMANDY DRIVE

City GALENA State OH Zip Code 43021

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 ▼ **247.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87389911740

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77406

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **899.99**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87390311740

Amount of Each Receipt this Period **138.46**

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

SUBTOTAL of Receipts This Page (optional).....▶	219.44
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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT S S SUMMERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 CHASELY CIRCLE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, PRODUCT OR SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87390511740
 Amount of Each Receipt this Period
 61.44
 P/R Deduction (\$30.72 Bi-Weekly)

B. NATASHA C C NICOL
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 RED TAIL HAWK LOOP
 City State Zip Code
 PAWLEYS ISLAND SC 29585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, CLINICAL SPEC -
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87390611740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. SEAN M MCCAFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 BUCK RUN RD
 City State Zip Code
 SOUTHPOINTE PA 15317
 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 ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87390711740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.44
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 114
	<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. 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 ▼ 240.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87390811740

Amount of Each Receipt this Period 40.00

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

B. 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, SOFTWARE ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.64

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87390911740

Amount of Each Receipt this Period 38.56

P/R Deduction (\$19.28 Bi-Weekly)

C. DEBORAH A 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87391711740

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 116.56

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 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3810 LOCH GLEN CT

City HOUSTON State TX Zip Code 77059

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **493.87**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87391911740

Amount of Each Receipt this Period **75.98**

P/R Deduction (\$37.99 Bi-Weekly)

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

Mailing Address 2903 21ST AVE CT SE

City PUYALLUP State WA Zip Code 98372-1712

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87392011740

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 9318 PRATOLINA VILLA DRIVE

City DUBLIN State OH Zip Code 43016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87392211740

Amount of Each Receipt this Period **100.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	213.98
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: PAGE 49 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BRADLEY G G COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2589 AIKIN CIRCLE S
 City State Zip Code
 LEWIS CENTER OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87392411740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. WILLIAM OWAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7558 HEATHERWOOD LN
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, OPERATIONAL EXC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1303.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87392511740
 Amount of Each Receipt this Period
 200.60
 P/R Deduction (\$100.30 Bi-Weekly)

C. LISA A STILLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5833 WHITECRAIGS CT
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87392911740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 314.60
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 50 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. JEFFREY B B BRANNON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3965 CLEARLAKE CIRCL
 City ZANESVILLE State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393011740
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. CRAIG P COWMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6851 KILLILEA DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PRODUCT MANAGEM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393111740
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. LORI S HAVLOVITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 8969 SUNNINGDALE LANE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, IT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393211740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	188.00
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 51 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1491 POLARIS PARKWAY # 175

City COLUMBUS State OH Zip Code 43240

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393311740

Amount of Each Receipt this Period 38.00

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 ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393411740

Amount of Each Receipt this Period 40.00

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 ▼ 650.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393511740

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 178.00

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 52 OF 114
(check only one)

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

A. JOSEPH 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 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393611740
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL C C KAUFMANN
Full Name (Last, First, Middle Initial)
Mailing Address 7160 TEMPERANCE POINT ST
City WESTERVILLE State OH Zip Code 43082
FEC ID number of contributing federal political committee. C
Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393811740
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. GREGORY BOGGS
Full Name (Last, First, Middle Initial)
Mailing Address 7746 POLO LANE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. C
Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87393911740
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 460.60
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 53 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANGELA M M THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9287 WINDY CREEK DR
 City COLUMBUS State OH Zip Code 43240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394011740
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. AMY P SNOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 WHITECRAIGS CT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394111740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. PETER A STOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1955 ENCLAVE DRIVE
 City MT PLEASANT State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394211740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 154.00
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 54 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. LAURA L SMITH

Mailing Address 5828 IVY BRANCH DR

City State Zip Code
 DUBLIN OH 43016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394611740

Amount of Each Receipt this Period
38.00

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

Full Name (Last, First, Middle Initial)
B. KEVIN M KANNALLY

Mailing Address 14529 ROBINSON RD

City State Zip Code
 PLAIN CITY OH 43064

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 ▼ **494.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394711740

Amount of Each Receipt this Period
76.00

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

Full Name (Last, First, Middle Initial)
C. DANA R THACKER

Mailing Address 2934 GRIFFIN DR

City State Zip Code
 LEWIS CENTER OH 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394811740

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **152.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JAMES 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87394911740

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address 4783 VISTA RIDGE DR

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1303.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87395011740

Amount of Each Receipt this Period
 200.60

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

C. CAROLYN E E GRANT
Full Name (Last, First, Middle Initial)

Mailing Address 6869 MEADOW GLEN DR

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87395411740

Amount of Each Receipt this Period
 76.00

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

SUBTOTAL of Receipts This Page (optional).....▶	314.60
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 56 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. KRISTINA J A J KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 CLEARSPRINGS DRIVE
 City SPRINGBORO State OH Zip Code 45066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87395511740
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. TROY L HANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5622 DORSEY DRIVE
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PRODUCT OR SERV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.17

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87395811740
 Amount of Each Receipt this Period 92.18
 P/R Deduction (\$46.09 Bi-Weekly)

C. PATRICK A A SELLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3460 HYATTS RD
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87396111740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 170.18
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 114
<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. CASSANDRA E RA E BAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1751 BARRINGTON RD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, GOVT RELATIONS M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **873.08**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR87396411740
 Amount of Each Receipt this Period **134.32**
 P/R Deduction (\$67.16 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 ▼ **456.95**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR87396611740
 Amount of Each Receipt this Period **70.30**
 P/R Deduction (\$35.15 Bi-Weekly)

C. 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 COUNSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR87396811740
 Amount of Each Receipt this Period **200.00**
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	404.62
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 114
<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. 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 ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87397211740
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 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 PRES, US PHARMACEUTI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87397411740
 Amount of Each Receipt this Period
 150.00
 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87397511740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	572.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 Occupation
 CARDINAL HEALTH, INC DIR, CLINICAL OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR87397611740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ROBERT GIACALONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7471 BALFOURE CIRCLE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, REG AFFAIRS/CHF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR87397811740
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 Occupation
 CARDINAL HEALTH, INC DIR, PHARM OPS & ACC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR87398011740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 60 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL 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 ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87398211740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87398711740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87398811740
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 154.00
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 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87399011740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DANIEL R R ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8124 CROOKED OAKS CT
 City GAINESVILLE State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87399111740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. STEPHEN M LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4868 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, RETAIL INDEPEND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87399211740
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. GORDON A A CRAWFORD		Date of Receipt
Mailing Address 8735 RICHARDS RD.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
UTICA	OH	43080
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR87399311740
CARDINAL HEALTH, INC	DIR, IT PROG/PROJ MG	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="247.00"/>	<input type="text" value="38.00"/>
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DAVID LAWRENCE		Date of Receipt
Mailing Address 326 VINWOOD LANE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
POWELL	OH	43065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR87399411740
CARDINAL HEALTH, INC	VP, STRATEGIC PLNG/E	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	<input type="text" value="100.00"/>
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MARK E ROSENBAUM		Date of Receipt
Mailing Address 815 HAMMOCK LANE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
KNOXVILLE	TN	37934
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR87399511740
CARDINAL HEALTH, INC	CHIEF CUSTOMER OFFIC	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2499.90"/>	<input type="text" value="384.60"/>
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="522.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STUART MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9711 CONCORD RIDGE
 City BRENWOOD State TN Zip Code 37027
 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87399711740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. LAWRENCE E MALHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 LONE OAK DRIVE
 City WHITE HOUSE State TN Zip Code 37188
 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87399811740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. DAVID E GAJESKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 21406 SAUNTON DR
 City KATY State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87400311740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 152.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 114
<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. 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 ▼ 261.43

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87400811740
 Amount of Each Receipt this Period 40.22
 P/R Deduction (\$20.11 Bi-Weekly)

B. GARY B ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6146 BALMORAL DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HSS SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87400911740
 Amount of Each Receipt this Period 40.00
 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87401011740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	118.22
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 114
	<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. THERESA R L GOULD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3418 BIG HICKORY DR.
 City KINGWOOD State TX Zip Code 77345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87401311740
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. TINA M STAVINOH
 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87401411740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. 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 ▼ 1755.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87401511740
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 358.00
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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 Occupation
 CARDINAL HEALTH, INC DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87401611740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. BRIAN WORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5654 ROTHESAY DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87401911740
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. DAVID S OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 MARINA DR
 City BULLARD State TX Zip Code 75757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87402311740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 164.00
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 67 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ERIC C CHRISTENSEN
Full Name (Last, First, Middle Initial)

Mailing Address 8624 GREENARBOR RD

City ALBUQUERQUE State NM Zip Code 87122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87402411740

Amount of Each Receipt this Period
50.00

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

B. RAYMOND GROTZINGER
Full Name (Last, First, Middle Initial)

Mailing Address 0836 SW CURRY ST # 102

City PORTLAND State OR Zip Code 97239

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MULTI-FUNCTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87402711740

Amount of Each Receipt this Period
38.00

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

C. ROBERT G G MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 2818 FRANCIS LANE

City COSTA MESA State CA Zip Code 92626

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 ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87402811740

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 114
	<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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAVID M ELLIS
Full Name (Last, First, Middle Initial)

Mailing Address 6521 GOYA WAY

City EL DORADO HILLS State CA Zip Code 95762

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87402911740

Amount of Each Receipt this Period 38.00

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 ▼ 494.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87403111740

Amount of Each Receipt this Period 76.00

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

C. ANDREW R R KELLER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3732

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87403311740

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 190.00

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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8078 TRAIL LAKE DR

City POWELL State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87404011740

Amount of Each Receipt this Period 76.00

P/R Deduction (\$38.00 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 PRGM DIR, PROG/PROJ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 356.11

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87404211740

Amount of Each Receipt this Period 56.08

P/R Deduction (\$28.04 Bi-Weekly)

C. 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 ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87404511740

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 170.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 114
<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. LAUREN E E FIELDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 OAK WOOD COURT
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87404611740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87404911740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. WILLIAM B B CHRISTIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 LITTLEPORT LANE
 City ACWORTH State GA Zip Code 30101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87405311740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.00
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 71 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ERIC T BOLLING
Full Name (Last, First, Middle Initial)

Mailing Address 13162 THORNTON DRIVE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87405411740

Amount of Each Receipt this Period 38.00

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

B. MARY W BAXTER
Full Name (Last, First, Middle Initial)

Mailing Address 3913 REGAL COURT

City VIRGINIA BEACH State VA Zip Code 23452

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87405511740

Amount of Each Receipt this Period 76.00

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

C. KIMBERLY A Y A ROBINETTE
Full Name (Last, First, Middle Initial)

Mailing Address 9409 AVE MORE CT.

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (SS) MG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87405711740

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ► 152.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 114
<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. PAUL T BUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 66 W BEECHWOLD BLVD

City COLUMBUS	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, SOFTWARE ENGINE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87405911740

Amount of Each Receipt this Period

38.00

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

B. CAMERON J J BRADY
Full Name (Last, First, Middle Initial)

Mailing Address 873 N. LARRABEE ST.
UNIT 210

City CHICAGO	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87406211740

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO	State IL	Zip Code 60618
-----------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MASTER BLACK BE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87406511740

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 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 73 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BRIAN 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87406611740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87406711740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87406811740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 152.00
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 74 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES 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 Occupation
 CARDINAL HEALTH, INC VP, INVENTORY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87406911740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. 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 Occupation
 CARDINAL HEALTH, INC DIR, SOFTWARE ENGINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87407011740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT M M GABEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 BERLIN STATION RD
 City DELAWARE State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87407111740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 152.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 114
	<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. HARRY BEDGOOD
Full Name (Last, First, Middle Initial)

Mailing Address 105 LEE SMITH LANE

City KERNERSVILLE State NC Zip Code 27284

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87407411740

Amount of Each Receipt this Period 38.00

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 ▼ 260.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87407511740

Amount of Each Receipt this Period 40.00

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 ▼ 494.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87407611740

Amount of Each Receipt this Period 76.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 154.00

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 76 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANDREW GRANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9440 NICHOLSON 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, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87407711740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KENNETH H H ROBINETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9409 AVE MORE CT.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DEPLOYMENT LEADE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87407811740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 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 ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87408211740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 152.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 114
	<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. 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 ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87408311740

Amount of Each Receipt this Period 38.00

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 ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87408611740

Amount of Each Receipt this Period 38.00

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 ▼ 247.00

Date of Receipt
06 / 30 / 2014
Transaction ID : PR87408711740

Amount of Each Receipt this Period 38.00

P/R Deduction (\$19.00 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 78 OF 114
<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. 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,BUSINESS ACQUISIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87408911740

Amount of Each Receipt this Period 76.00

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

B. 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 ▼ 390.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87409011740

Amount of Each Receipt this Period 60.00

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

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

Mailing Address PO BOX 51057

City MYRTLE BEACH State SC Zip Code 29579

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

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87409111740

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 174.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GREGORY J J HALVACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7402 OVERLAND TRAIL
 City State Zip Code
 DELAWARE OH 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, CORPORATE SECUR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87409411740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL A A MONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 SCENIC CREEK DR
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ASC GEN CSL, REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87409511740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MICHAEL A A DUFFY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6825 MACNEIL DR
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC PRES, MED CONSUMABLE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87409611740
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.00
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 80 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STANLEY L L NAGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6486 BALLANTRAE PLACE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, HR BUSINESS PART
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR87409711740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MARTHA HUSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 E. SUNBURST LN
 City TEMPE State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC PRESIDENT/CEO CANADA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR87410111740
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. LISA MARLING-GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9334 PRATOLINO VILLA DR.
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, TALENT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR87410211740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 214.00
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 114
	<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. 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 ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87410511740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SHELLEY A A BIRD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7998 CARAWAY AVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87410611740
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. ROBERT S S THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8338 AMBERLEIGH WAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87410711740
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 114
	<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. ANDREW W W WEHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 LITTLE BEAR LOOP
 City State Zip Code
 LEWIS CENTER OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIRECTOR, EH&S
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87410811740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 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 ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87410911740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ISMAEL VILLARREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5032 CALLE TINTILLO
 City State Zip Code
 GUAYNABO PR 00966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87411011740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	152.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID R DION		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR8741111740
Mailing Address 182 N FLORA PARKWAY		Amount of Each Receipt this Period 38.00
City ADDISON	State IL	Zip Code 60101
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, QUALITY CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) B. MAUREEN T GIRARD		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR8741141740
Mailing Address 552 RIDGESIDE DRIVE		Amount of Each Receipt this Period 38.00
City GOLDEN	State CO	Zip Code 80401
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) C. ELIZABETH M TH M KRENZER		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR8741151740
Mailing Address 343 MILFORD DR		Amount of Each Receipt this Period 38.00
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, MANUFACTURING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

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 84 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JESSICA L L MAYER
Full Name (Last, First, Middle Initial)

Mailing Address 4852 CARRIGAN RIDGE

City DUBLIN State OH Zip Code 43017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87411711740

Amount of Each Receipt this Period
 60.00

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

B. STUART G G LAWS
Full Name (Last, First, Middle Initial)

Mailing Address 5635 CYPRESS COURT

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, CHIEF ACCOUNTIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87412011740

Amount of Each Receipt this Period
 38.00

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

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

Mailing Address 214 CHERRY STREET

City GRANVILLE State OH Zip Code 43023

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, COMM BUSINESS PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87412311740

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.00

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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANNEMARIE IE LA BUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1877 TEWKSBURY RD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, LAB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87412411740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87413511740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. CHRISTINE L NE L BENTLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12283 SOUTH PARKER STREET
 City OLATHE State KS Zip Code 66061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANGNG CNSLT, S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87413611740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 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: PAGE 86 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KEVIN L MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 CATALINA COURT
 City State Zip Code
 MACON MO 63552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MANUFACTURING M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87413811740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87413911740
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JEFFREY A A CRIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 9376 ROSETA VILLA DRIVE
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, IT CLIENT SYS M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87414211740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHN C RADEMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5006 ROSALIND LANE
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC PRESIDENT, AMBULATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87414811740
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DIANNE RADIGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 EASTCHESTER DR
 City State Zip Code
 GAHANNA OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, COMMUNITY RELATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87415111740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. SALLY 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 RELATI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87415211740
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	426.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GEORGE S S BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 246 E. SYCAMORE ST.
 City COLUMBUS State OH Zip Code 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CHAIRMAN/CEO, CARDIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87415311740
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. MARK PILKINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8191 HILLINGDON DRIVE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87415811740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. CRAIG MORFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5565 LAKE SHORE AVE,
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CHIEF COMPLIANCE & L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87415911740
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	845.20
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 89 OF 114
	<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. 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 ▼ **325.00**

Date of Receipt: **06 / 30 / 2014**
Transaction ID : **PR87416311740**

Amount of Each Receipt this Period: **50.00**

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 ▼ **247.00**

Date of Receipt: **06 / 30 / 2014**
Transaction ID : **PR87416411740**

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

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 ▼ **247.00**

Date of Receipt: **06 / 30 / 2014**
Transaction ID : **PR87416511740**

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

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

SUBTOTAL of Receipts This Page (optional)..... **126.00**

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 90 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SEAN P WATERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 EAST ARABIAN DRIVE
 City State Zip Code
 GILBERT AZ 85296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, CHEM/PHARMA OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87417111740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. HENRY M CHILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 PALISADES PARKWAY
 City State Zip Code
 OAK RIDGE TN 37830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87417211740
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. WILLIAM S S CLAUNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10744 CAMPDEN LAKES BLVD
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, OPERATIONS SERVI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 494.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87417311740
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 214.00
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 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87417411740
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. KATHERINE A NE A BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 NOBB HILL DR
 City HUDSONVILLE State MI Zip Code 49426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87417511740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. CARROLL B B CALLICOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8050 LESIA DRIVE
 City DENHAM SPRINGS State LA Zip Code 70706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation MGR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87417811740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH E E LUKACS
Full Name (Last, First, Middle Initial)

Mailing Address 18 VILLAGE GROVE RD

City LITTLE ROCK State AR Zip Code 72211

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

Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR8741811740

Amount of Each Receipt this Period **38.00**

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

B. MARC B MULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 1650 SHERBORNE LANE

City POWELL State OH Zip Code 43065

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

Name of Employer CARDINAL HEALTH, INC Occupation VP, GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87418511740

Amount of Each Receipt this Period **100.00**

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

C. IHSIEN S S LIN
Full Name (Last, First, Middle Initial)

Mailing Address 7664 MILL SPRINGS DRIVE

City DUBLIN State OH Zip Code 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR87418611740

Amount of Each Receipt this Period **38.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. WAYNE J BOUDREAUX			Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR87418811740
Mailing Address 405 PETREL TRAIL			Amount of Each Receipt this Period 38.00
City BRADENTON	State FL	Zip Code 34212	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation DIR, NUCLEAR PHARMAC	
Name of Employer CARDINAL HEALTH, INC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00

Full Name (Last, First, Middle Initial) B. CRAIG ROTHMAN			Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR87418911740
Mailing Address 42 SEMINOLE WAY			Amount of Each Receipt this Period 38.00
City SHORT HILLS	State NJ	Zip Code 07078	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation VP, ACCOUNT (HEALTH)	
Name of Employer CARDINAL HEALTH, INC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00

Full Name (Last, First, Middle Initial) C. MICHAEL A A MARUSA			Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : PR87419111740
Mailing Address 632 OAKWOOD AVENUE UNIT E			Amount of Each Receipt this Period 38.00
City STATE COLLEGE	State PA	Zip Code 16803-2645	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation VP, ACCOUNT (HEALTH)	
Name of Employer CARDINAL HEALTH, INC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00

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: PAGE 94 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RONALD A A PADGITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6079 JONESWOOD DR
 City State Zip Code
 HILLIARD OH 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MARKETING MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87419311740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ANITA ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 27341 DAKOTA AVE.
 City State Zip Code
 ELKO MN 55020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC, ACCOUNT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87419411740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. CATHY CHENETSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5734 ENNISHANNON PLACE
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, QRA MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87419611740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 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 95 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87420111740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID K KORENSTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4568 NEISWANDER SQUARE
 City State Zip Code
 NEW ALBANY OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC ASST GEN CSL, LITIGA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87420211740
 Amount of Each Receipt this Period
 38.00
 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 ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR87420311740
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 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 96 OF 114
<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. ROGELIO A A ARMINO
Full Name (Last, First, Middle Initial)
Mailing Address 6723 STILLHOUSE LN
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MASTER BLACK BE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **247.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR87420411740
Amount of Each Receipt this Period **38.00**
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 **247.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR87420511740
Amount of Each Receipt this Period **38.00**
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 **1646.10**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR87420611740
Amount of Each Receipt this Period **384.60**
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	460.60
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 97 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 129 NORWOOD AVE

City MONTCLAIR State NJ Zip Code 07043

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87420911740

Amount of Each Receipt this Period 384.60

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

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

Mailing Address 6650 BRODIE BLVD

City DUBLIN State OH Zip Code 43017

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87421211740

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 1351 NOE BIXBY ROAD

City COLUMBUS State OH Zip Code 43232

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR87421511740

Amount of Each Receipt this Period 38.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 498.60

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 98 OF 114
<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. 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 ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87421611740

Amount of Each Receipt this Period

76.00

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

B. 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, MARKET RESEARCH
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87421711740

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 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 ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422011740

Amount of Each Receipt this Period

76.00

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

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT J J DOONE
Full Name (Last, First, Middle Initial)

Mailing Address 6119 PEPPERGRASS COURT

City WESTERVILLE	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, INTEGRATED LOGIS
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422211740

Amount of Each Receipt this Period

38.00

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

B. JEFFREY P P LEDBETTER
Full Name (Last, First, Middle Initial)

Mailing Address 6700 RIDPATH ROAD

City GROVE CITY	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422311740

Amount of Each Receipt this Period

38.00

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

C. MICHELLE M E M ZALUZNEY
Full Name (Last, First, Middle Initial)

Mailing Address 15435 EAGLE TAVERN LANE

City CENTREVILLE	State VA	Zip Code 20120
---------------------	-------------	-------------------

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

Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, TERRITORY SALE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422411740

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 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 100 OF 114
	<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. 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, PRODUCT OR SERV
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422711740

Amount of Each Receipt this Period

38.00

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 ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422811740

Amount of Each Receipt this Period

100.00

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 ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87422911740

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 987 RETREAT LANE

City State Zip Code
POWELL OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR8742311740

Amount of Each Receipt this Period
100.00

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

B. STEPHEN J J MEDVE
Full Name (Last, First, Middle Initial)

Mailing Address 8153 TIMBLE FALLS DRIVE

City State Zip Code
DUBLIN OH 43016

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

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, TALENT ACQUISIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR87423311740

Amount of Each Receipt this Period
38.00

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

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

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 ▼ **247.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR87423711740

Amount of Each Receipt this Period
38.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 114
<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. 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 ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87423911740

Amount of Each Receipt this Period

288.00

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 ▼ **1300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR87424111740

Amount of Each Receipt this Period

200.00

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

C. 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 ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR93409111740

Amount of Each Receipt this Period

38.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 114
<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. 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 ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR93409211740

Amount of Each Receipt this Period

38.00

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

B. SHAUN F YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 8145 SUMMERHOUSE DRIVE WEST

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MKTG & PRODUCT M
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR93409411740

Amount of Each Receipt this Period

100.00

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

C. 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 ▼ **494.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR93689211740

Amount of Each Receipt this Period

76.00

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

SUBTOTAL of Receipts This Page (optional).....	214.00
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 114
<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. 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR93689511740

Amount of Each Receipt this Period 38.00

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

B. 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 06 / 30 / 2014
Transaction ID : PR93938811740

Amount of Each Receipt this Period 38.00

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

C. DEBBIE J J MITCHELL
Full Name (Last, First, Middle Initial)

Mailing Address 9 ALBAN MEWS

City NEW ALBANY State OH Zip Code 43054

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

Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORPORATE COMMU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR94089911740

Amount of Each Receipt this Period 100.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 114
<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. EUSEBIO ZAMORA
Full Name (Last, First, Middle Initial)

Mailing Address 9450 TARTAN RIDGE BLVD

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PHARMACY SUPPOR
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR94090011740

Amount of Each Receipt this Period

38.00

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

B. DONALD M CASEY
Full Name (Last, First, Middle Initial)

Mailing Address 7708 TILLINGHAST DRIVE

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

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

Name of Employer CARDINAL HEALTH, INC	Occupation CEO, MEDICAL SEGMENT
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR94134311740

Amount of Each Receipt this Period

384.60

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

C. BRIAN K MERRILL
Full Name (Last, First, Middle Initial)

Mailing Address 6376 COUNTRYWOOD PL

City RANCHO CUCAMONGA	State CA	Zip Code 91739
--------------------------	-------------	-------------------

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 ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR94451511740

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	462.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SHAUNA M LATSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 TOURNAMENT DRIVE
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SOFTWARE ENGINEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR99505111740
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. ALAN L DEUTSCHENDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 8243 WORLEY 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 VP, DEPLOYMENT LEADE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR99505211740
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. SEAN C RAYNAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 MALLARD DRIVE
 City MONROEVILLE State PA Zip Code 15146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS MGMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR99563111740
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 154.00
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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GE CAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5360 FORT WARD DRIVE
 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, INFO SERVICES &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014
Transaction ID : PR99977511740
 Amount of Each Receipt this Period
50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 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).....▶	50.00
TOTAL This Period (last page this line number only).....▶	21846.08

**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. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Joe Manchin III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 8462873

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Brad Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Brad Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 8462874

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address PO Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 8462875

Amount of Each Disbursement this Period

2000.00

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. Upton for All of Us

Mailing Address 104 Hume Avenue

City Alexander State VA Zip Code 22301

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Frederick Stephen Upton

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491713

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address 499 S Capitol St SW
Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. John M. Shimkus

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491714

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. O2

Mailing Address 600 Pennsylvania Ave SE
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement
Joint Fundraiser

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491715

Amount of Each Disbursement this Period

2500.00

Joint Fundraiser

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. Stivers for Congress

Mailing Address 211 S 5th St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491717

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Renacci For Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. James Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491719

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Pioneer Political Action Committee

Mailing Address 217 Third St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Pioneer Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491720

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

11000.00

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		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address PO Box 653		Transaction ID : 8491721
City Williamsport	State PA	
Zip Code 17703	Purpose of Disbursement Direct Contribution	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Tom Marino	Category/Type 011	Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 10		

Full Name (Last, First, Middle Initial) B. America Works PAC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 426 C Street NE		Transaction ID : 8491723
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Direct Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name America Works PAC	Category/Type 011	Direct Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bennet For Colorado		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address PO Box 3078		Transaction ID : 8491724
City Denver	State CO	
Zip Code 80201	Purpose of Disbursement Direct Contribution	Amount of Each Disbursement this Period 2500.00
Candidate Name Sen. Michael Bennet	Category/Type 011	Direct Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District:		

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. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Holding Onto Oregon's Priorities

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 8491725

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address 499 South Capitol St SW Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : 8494774

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Cory Gardner For Senate

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Cory Gardner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : 8500049

Amount of Each Disbursement this Period

1000.00

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. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Jim Jordan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : 8501867

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Sam Johnson

Mailing Address 20 F Street NW Ste 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Sam Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : 8501869

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

44000.00

**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. Coleman for Columbus

Mailing Address PO Box 1596

City Columbus State OH Zip Code 43216

Purpose of Disbursement
Michael B. Coleman, Mayor OH

Candidate Name

Michael B. Coleman

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : 8500177

Amount of Each Disbursement this Period

2500.00

Michael B. Coleman, Mayor OH

Full Name (Last, First, Middle Initial)

B. Conway Overly for Kentucky

Mailing Address C/O Matt Tompkins
2322 Veechdale Rd

City Simpsonville State KY Zip Code 40067

Purpose of Disbursement
Direct Contribution

Candidate Name

Jack Conway

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 8510007

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

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)..... ▶

3500.00

3500.00