

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street) 7000 CARDINAL PLACE
Check if different than previously reported. (ACC) DUBLIN OH 43017

2. FEC IDENTIFICATION NUMBER C00332833
3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff
(d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald S. Siemiontkoswki

Signature of Treasurer Electronically Filed by Ronald S. Siemiontkoswki Date 06 08 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only
FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		216351.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	206615.52									
(c) Total Receipts (from Line 19) .....	18973.63	64213.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	225589.15	280565.15								
7. Total Disbursements (from Line 31) .....	21500.00	76476.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	204089.15	204089.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	15332.83	41520.17
(ii) Unitemized .....	3634.75	22655.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18967.58	64175.67
(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) .....	18967.58	64175.67
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.) .....	6.05	37.84
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 Transfer (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)) .....	18973.63	64213.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18973.63	64213.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	676.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	676.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	57500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	3000.00	18300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	21500.00	76476.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	76476.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	18967.58	64175.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18967.58	64175.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	676.00
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	676.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Adriana Ayala		Date of Receipt
	Mailing Address 11016 Sw 77 Ct Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Pinecrest	FL	33156
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 00511.C96283
Name of Employer Cardinal Health, Inc		Occupation Vp, Account (strat Accts Ips)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 60.00
		<input type="text"/> 200.00	Receipt
			Payroll Deduction: (20.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Cassandra Baker		Date of Receipt
	Mailing Address 1751 Barrington Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Upper Arlington	OH	43221
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 00511.C96370
Name of Employer Cardinal Health, Inc		Occupation Vp, Govt Relations Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 182.55
		<input type="text"/> 669.35	Receipt
			Payroll Deduction: (60.85- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) James Barker		Date of Receipt
	Mailing Address 2761 Skelton Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Blacklick	OH	43004
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 00511.C96303
Name of Employer Cardinal Health, Inc		Occupation Vp, Strategic Sourcing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.94
		<input type="text"/> 296.78	Receipt
			Payroll Deduction: (26.98- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 323.49
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) George Barrett	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 1038 Mill Rd Circle	<b>Transaction ID:</b> 00511.C96265
	City State Zip Code Rydal PA 19046	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (192.3-0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Chairman/ceo, Cardinal Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lois Barrett	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 2934 Central St #3e	<b>Transaction ID:</b> 00511.C96323
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (38.00-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Operations Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Baxter	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 9601 St Regis Terr	<b>Transaction ID:</b> 00511.C96317
	City State Zip Code Richmond VA 23236	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (38.00-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Pharmacy Operations Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>804.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Johnni Beckel		Date of Receipt
	Mailing Address 3680 Nicoya Court Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 0
	City Lewis Center	State OH	Zip Code 43035
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00511.C96215
	Amount of Each Receipt this Period		<input type="text"/> 300.00
Name of Employer Cardinal Health, Inc		Occupation Svp, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1100.00	Payroll Deduction: (100.0- 0/Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurel Beeler		Date of Receipt
	Mailing Address 1723 Eagle Trl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 0
	City Oxford	State MI	Zip Code 48371
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00511.C96299
	Amount of Each Receipt this Period		<input type="text"/> 75.00
Name of Employer Cardinal Health, Inc		Occupation Dir, Sales Training Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	Payroll Deduction: (25.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Belisle		Date of Receipt
	Mailing Address 201 E New England Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 0
	City Worthington	State OH	Zip Code 43085
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00511.C96247
	Amount of Each Receipt this Period		<input type="text"/> 57.00
Name of Employer Cardinal Health, Inc		Occupation Dir, Aviation Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 209.00	Payroll Deduction: (19.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 432.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shelley Bird</p> <p>Mailing Address 7998 Caraway Ave</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cardinal Health, Inc</p> <p>Occupation Evp, Public Affairs</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 04 / 2010</span></p> <p><b>Transaction ID:</b> 00511.C96213</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (100.0-0/Bi-Weekly )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Blake</p> <p>Mailing Address 2226 Bryden Road</p> <p>City State Zip Code Columbus OH 43209</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cardinal Health, Inc</p> <p>Occupation Evp, Strategy &amp; Corp Devel</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2115.30</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 04 / 2010</span></p> <p><b>Transaction ID:</b> 00511.C96266</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">576.90</span></p> <p>Receipt</p> <p>Payroll Deduction: (192.3-0/Bi-Weekly )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Terry Burnside</p> <p>Mailing Address 6202 Wealthy Lane</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cardinal Health, Inc</p> <p>Occupation Svp, Gm Medicine Shoppe</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">550.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 04 / 2010</span></p> <p><b>Transaction ID:</b> 00511.C96367</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (50.00-/Bi-Weekly )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1026.90</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (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 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Cacciatore	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 3810 Loch Glen Ct	<b>Transaction ID:</b> 00511.C96311
	City State Zip Code Houston TX 77059	Amount of Each Receipt this Period 102.96
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Regulatory (atty)	Payroll Deduction: (34.32- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anthony Caprio	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 6 Cottage Lane	<b>Transaction ID:</b> 00511.C96214
	City State Zip Code Marlboro NJ 07746	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Evp, Sales	Payroll Deduction: (100.0- 0/Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Christian	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 4310 Gretna Court	<b>Transaction ID:</b> 00511.C96316
	City State Zip Code Kennesaw GA 30152	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Account (strat Accts Ips)	Payroll Deduction: (38.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>516.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.** Full Name (Last, First, Middle Initial)  
Charles Cobb

Mailing Address 2948 S. Colonial St.

City State Zip Code  
Gilbert AZ 85295

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

Name of Employer Cardinal Health, Inc      Occupation Vp, Account (strat Accts Ips)

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: 00511.C96331  
Amount of Each Receipt this Period: 114.00  
Receipt  
Payroll Deduction: (38.00- /Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Jack Coffey

Mailing Address 200 Bay Shore Drive

City State Zip Code  
Rockwood TN 37854

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 ▼ 1100.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: 00511.C96218  
Amount of Each Receipt this Period: 300.00  
Receipt  
Payroll Deduction: (100.0- /Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Craig Cowman

Mailing Address 6851 Killilea Drive

City State Zip Code  
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc      Occupation Svp, Product Management

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: 00511.C96356  
Amount of Each Receipt this Period: 150.00  
Receipt  
Payroll Deduction: (50.00- /Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **564.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sally Curley

Mailing Address 9035 Esin Court

City State Zip Code  
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Svp, Investor Relations

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: 00511.C96373

Amount of Each Receipt this Period

225.00

Receipt

Payroll Deduction: (75.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Ted Dibiase

Mailing Address 4954 Rosegate Court  
Island Drive

City State Zip Code  
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Vp, Hr Business Partners

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 673.20

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: 00511.C96371

Amount of Each Receipt this Period

183.60

Receipt

Payroll Deduction: (61.20-  
/Bi-Weekly )

**C.**

Full Name (Last, First, Middle Initial)  
Michael Duffy

Mailing Address 6825 Macneil Dr

City State Zip Code  
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Evp, Global Mfg & Supply Chain

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: 00511.C96284

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (20.00-  
/Bi-Weekly )

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

468.60

**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 13 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Ellis	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 6146 Balmoral Drive	<b>Transaction ID:</b> 00511.C96291
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Midwest Region	Payroll Deduction: (20.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Falk	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 2480 Sandover Rd	<b>Transaction ID:</b> 00511.C96216
	City State Zip Code Columbus OH 43220	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Evp & General Counsel	Payroll Deduction: (100.0- 0/Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Flannery	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 275 East Center St	<b>Transaction ID:</b> 00511.C96246
	City State Zip Code Shavertown PA 18708	Amount of Each Receipt this Period 57.03
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Direct Sales Mgmt	Payroll Deduction: (19.01- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>417.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joshua Gaines		Date of Receipt
	Mailing Address 5721 Clover Lane Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00511.C96304
Name of Employer Cardinal Health, Inc		Occupation Svp, Assoc General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 319.00	<input type="text"/> 87.00
			Receipt
			Payroll Deduction: (29.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Giacalone		Date of Receipt
	Mailing Address 7471 Balfoure Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43017
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00511.C96361
Name of Employer Cardinal Health, Inc		Occupation Svp, Reg Affairs/chf Reg Cnsl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 540.08	<input type="text"/> 150.00
			Receipt
			Payroll Deduction: (50.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) David Goldsberry		Date of Receipt
	Mailing Address 321 St Andrews Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Gurnee	IL	60031
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00511.C96325
Name of Employer Cardinal Health, Inc		Occupation Vp, Direct Sales Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 418.00	<input type="text"/> 114.00
			Receipt
			Payroll Deduction: (38.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 351.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David Gonzales	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 384 Colorado Drive	<b>Transaction ID:</b> 00511.C96364
	City State Zip Code Cedar Creek TX 78612	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc    Occupation Dir, State Govt Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	Payroll Deduction: (50.00- /Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Gordien	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 2135 Tulare Ct	<b>Transaction ID:</b> 00511.C96282
	City State Zip Code Upland CA 91784	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc    Occupation Vp, Account (strat Accts Ips) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (20.00- /Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Gottron	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 874 Aylesbury Drive	<b>Transaction ID:</b> 00511.C96286
	City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc    Occupation Svp, Pharmaceutical Segment It Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (20.00- /Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Carolyn Grant		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 6869 Meadow Glen Dr		<b>Transaction ID:</b> 00511.C96322		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc		Occupation Dir, Fed Govt Relations		Payroll Deduction: (38.00- /Bi-Weekly )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Greer		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 1570 Cambridge Blvd		<b>Transaction ID:</b> 00511.C96250		
	City Marble Cliff	State OH	Zip Code 43212	Amount of Each Receipt this Period 57.00	
	FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc		Occupation Dir, It Business Partner		Payroll Deduction: (19.00- /Bi-Weekly )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) John Grisdale		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 7135 Fodor		<b>Transaction ID:</b> 00511.C96289		
	City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc		Occupation Vp, Marketing Mgmt		Payroll Deduction: (20.00- /Bi-Weekly )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00				

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

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

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Groesbeck	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 33916 North Summerfields Drive	<b>Transaction ID:</b> 00511.C96345
	City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (40.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, Qra Medical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.89	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory Halvacs	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 4964 Olentangy River River Rd	<b>Transaction ID:</b> 00511.C96252
	City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (19.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, Corporate Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Troy Hanson	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 5622 Dorsey Drive	<b>Transaction ID:</b> 00511.C96297
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (25.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Dir, Mktg & Product Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>252.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)  
Richard Heard

Mailing Address 8106 Bulrush Canyon Trail  
Trail

City State Zip Code  
Katy TX 77494

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

Name of Employer Cardinal Health, Inc  
Occupation Vp, Direct Sales Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96300

Amount of Each Receipt this Period

75.00

Receipt

Payroll Deduction: (25.00-  
/Bi-Weekly )

B.

Full Name (Last, First, Middle Initial)  
Jeffrey Henderson

Mailing Address 347 Morgan Ln

City State Zip Code  
Gahanna OH 43230

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

Name of Employer Cardinal Health, Inc  
Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96279

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (20.00-  
/Bi-Weekly )

C.

Full Name (Last, First, Middle Initial)  
Martha Huston

Mailing Address 6367 Lockwood Lane

City State Zip Code  
Gurnee IL 60031

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

Name of Employer Cardinal Health, Inc  
Occupation Svp/gm, West Region

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96332

Amount of Each Receipt this Period

114.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly )

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

249.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Inacker	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 1490 S Ridge Road	<b>Transaction ID:</b> 00511.C96312
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 105.30
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (35.10- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Pres, Medical Channel Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.10	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Johnson	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 221 W Lancaster Ave # 2012 # 2012	<b>Transaction ID:</b> 00511.C96309
	City State Zip Code Fort Worth TX 76102	Amount of Each Receipt this Period 95.34
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (31.78- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategic PIng/execution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.58	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kristina Kallmeyer	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 3940 Village Club Drive	<b>Transaction ID:</b> 00511.C96285
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (20.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Account (health Systems)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Kapfer

Mailing Address 1000 Ashley Ln

City State Zip Code  
Libertyville IL 60048

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

Name of Employer Cardinal Health, Inc Occupation President, Category Mgmt

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96365

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Michael Kaufmann

Mailing Address 7160 Temperance Point St  
Point St

City State Zip Code  
Westerville OH 43082

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

Name of Employer Cardinal Health, Inc Occupation Ceo, Pharmaceutical Segment

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96268

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly )

**C.**

Full Name (Last, First, Middle Initial)  
Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City State Zip Code  
Dublin OH 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 ▼ 1103.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96221

Amount of Each Receipt this Period

300.90

Receipt

Payroll Deduction: (100.3-  
0/Bi-Weekly )

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

1027.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jill Lanouette	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 19 Old Farm Road	<b>Transaction ID:</b> 00511.C96249
	City State Zip Code Granville OH 43023	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Comm Business Partner	Payroll Deduction: (19.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Margaret Lavalle	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 9410 Culross Ct	<b>Transaction ID:</b> 00511.C96358
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Services	Payroll Deduction: (50.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Lawrence	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 326 Vinwood Lane	<b>Transaction ID:</b> 00511.C96363
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategic Plng/execution	Payroll Deduction: (50.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>357.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Steve Lawrence  
 Mailing Address 4868 Carrigan Ridge  
 City State Zip Code  
 Dublin OH 43017  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 1 0  
**Transaction ID:** 00511.C96219  
 Amount of Each Receipt this Period  
 300.00  
 Receipt  
 Payroll Deduction: (100.0-0/Bi-Weekly)  
 Name of Employer Cardinal Health, Inc   Occupation Svp, Retail Independent Sales  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

**B.** Full Name (Last, First, Middle Initial)  
 Paul Leodler  
 Mailing Address 700 West Harbor Dr  
 505  
 City State Zip Code  
 San Diego CA 92101  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 1 0  
**Transaction ID:** 00511.C96263  
 Amount of Each Receipt this Period  
 57.00  
 Receipt  
 Payroll Deduction: (19.00-/Bi-Weekly)  
 Name of Employer Cardinal Health, Inc   Occupation Dir, Physical Security  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

**C.** Full Name (Last, First, Middle Initial)  
 Linda Lockyer  
 Mailing Address 1133 Noe Street  
 City State Zip Code  
 San Francisco CA 94114  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 1 0  
**Transaction ID:** 00511.C96327  
 Amount of Each Receipt this Period  
 114.00  
 Receipt  
 Payroll Deduction: (38.00-/Bi-Weekly)  
 Name of Employer Cardinal Health, Inc   Occupation Vp, Account (strat Accts Ips)  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **471.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Lynch	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 550 E Rosemary	<b>Transaction ID:</b> 00511.C96269
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Ceo, Medical Segment	Payroll Deduction: (192.3- 0/Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna Mann	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 6666 Mcvey Blvd	<b>Transaction ID:</b> 00511.C96302
	City State Zip Code West Worthington OH 43235	Amount of Each Receipt this Period 77.37
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, Hr Service Delivery	Payroll Deduction: (25.79- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.69	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa Marling-george	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 10502 Mackenzie Way	<b>Transaction ID:</b> 00511.C96251
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Hr Business Partners	Payroll Deduction: (19.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>711.27</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Michael Marusa  
 Mailing Address 38 Alpine Circle  
 City State Zip Code  
 Sandy Hook CT 06482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Direct Sales Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96313  
 Amount of Each Receipt this Period 114.00  
 Receipt  
 Payroll Deduction: (38.00- /Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
 Jessica Mayer  
 Mailing Address 4852 Carrigan Ridge  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Bus Mgmt (atty)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96307  
 Amount of Each Receipt this Period 90.00  
 Receipt  
 Payroll Deduction: (30.00- /Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
 Lindy Mclean  
 Mailing Address 7272 Black Abbey Ct  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Sr Cnslt, Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.42  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96310  
 Amount of Each Receipt this Period 102.66  
 Receipt  
 Payroll Deduction: (34.22- /Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **306.66**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Merkin	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 1481 Country Ln	<b>Transaction ID:</b> 00511.C96344
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (40.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Bus Partner Medical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Mone	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 4909 Scenic Creek Dr	<b>Transaction ID:</b> 00511.C96315
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (38.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Qra Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Craig Morford	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 5565 Lake Shore Ave,	<b>Transaction ID:</b> 00511.C96267
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (192.3- 0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Chief Compliance/legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	810.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 43  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Patricia Morrison  
 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 ▼ 550.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96357  
 Amount of Each Receipt this Period 150.00  
 Receipt  
 Payroll Deduction: (50.00- /Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
 Marc Mullen  
 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 Svp, Gm Presource  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96366  
 Amount of Each Receipt this Period 150.00  
 Receipt  
 Payroll Deduction: (50.00- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
 Frederick Nelson  
 Mailing Address 7303 Deacon Court  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Op Excellence - Bb Prgm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.40  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96346  
 Amount of Each Receipt this Period 40.60  
 Receipt  
 Payroll Deduction: (40.60- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.60**  
**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 27 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.** Full Name (Last, First, Middle Initial)  
Frederick Nelson  
Mailing Address 7303 Deacon Court  
City Dublin State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cardinal Health, Inc Occupation Vp, Op Excellence - Bb Prgm  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 395.04  
Date of Receipt 05 / 18 / 2010  
Transaction ID: 00608.C96501  
Amount of Each Receipt this Period 29.64  
Receipt  
Payroll Deduction: (29.64- /Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
Frederick Nelson  
Mailing Address 7303 Deacon Court  
City Dublin State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cardinal Health, Inc Occupation Vp, Op Excellence - Bb Prgm  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.46  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 00608.C96701  
Amount of Each Receipt this Period 28.42  
Receipt  
Payroll Deduction: (28.42- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
William Owad  
Mailing Address 7558 Heatherwood Ln  
City Dublin State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 308.90  
Date of Receipt 05 / 04 / 2010  
Transaction ID: 00511.C96220  
Amount of Each Receipt this Period 300.90  
Receipt  
Payroll Deduction: (100.3- 0/Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 358.96  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Angela Perkins  
 Mailing Address 615 N Beverly Lane  
 City State Zip Code  
 Arlington Heights IL 60004  
 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 ▼ 200.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96362  
 Amount of Each Receipt this Period 150.00  
 Receipt  
 Payroll Deduction: (50.00- /Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
 Thomas Perrine  
 Mailing Address 7249 Landon Lane  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Svp, Medical Segment It  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96360  
 Amount of Each Receipt this Period 150.00  
 Receipt  
 Payroll Deduction: (50.00- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
 Vicki Perryman  
 Mailing Address 2000 Loch Lomond Drive  
 City State Zip Code  
 Powell OH 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Svp, Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96287  
 Amount of Each Receipt this Period 60.00  
 Receipt  
 Payroll Deduction: (20.00- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl Peterson	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 2812 Parkhaven Dr	<b>Transaction ID:</b> 00511.C96333
	City State Zip Code Flower Mound TX 75022	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (38.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Account (health Systems)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Aaron Pitts	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 5014 Closeburn Ct	<b>Transaction ID:</b> 00511.C96359
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (50.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.22	

<b>C.</b>	Full Name (Last, First, Middle Initial) George Plava	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 3526 Pembroke Dr	<b>Transaction ID:</b> 00511.C96372
	City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 207.69
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (69.23- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Sourcing Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.53	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>471.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Pogue	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 8475 Shady Oaks Cove	<b>Transaction ID:</b> 00511.C96258
	City State Zip Code Olive Branch MS 38654	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, Account Mgmt	Payroll Deduction: (19.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathy Popejoy	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 11127 W 59th Ave	<b>Transaction ID:</b> 00511.C96295
	City State Zip Code Arvada CO 80004	Amount of Each Receipt this Period 71.28
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations Mgmt	Payroll Deduction: (23.76- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gilberto Quintero	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 6650 Brodie Blvd 4102	<b>Transaction ID:</b> 00511.C96335
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Qra	Payroll Deduction: (38.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John Rademacher	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 5006 Rosalind Lane	<b>Transaction ID:</b> 00511.C96217
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (100.0-0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation President, Nuclear And Pharmac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Rampy	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 103 Foxglove Ln	<b>Transaction ID:</b> 00511.C96368
	City State Zip Code Bentonville AR 72712	Amount of Each Receipt this Period 157.17
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (52.39-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Mktg & Product Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.29	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Randklev	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 2711 Pebble Stone	<b>Transaction ID:</b> 00511.C96293
	City State Zip Code Grapevine TX 76051	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (20.00-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Southwest Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>517.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Reardon	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 9098 Mediterra Place	<b>Transaction ID:</b> 00511.C96278
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Qra Mgmt	Payroll Deduction: (20.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cynthia Rhomberg	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 9379 Redan Court	<b>Transaction ID:</b> 00511.C96321
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Marketing Mgmt	Payroll Deduction: (38.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank Ridgway	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 11513 Tottenham Pl	<b>Transaction ID:</b> 00511.C96281
	City State Zip Code Richmond VA 23233	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Technical Sales	Payroll Deduction: (20.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>234.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)  
Keith Riecke

Mailing Address 137 Cooperwyck Rd

City State Zip Code  
Wentzville MO 63385

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

Name of Employer Cardinal Health, Inc Occupation Dir, It Mgmt

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96262

Amount of Each Receipt this Period

57.00

Receipt

Payroll Deduction: (19.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Robinson

Mailing Address 8124 Crooked Oaks Ct

City State Zip Code  
Gainesville VA 20155

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

Name of Employer Cardinal Health, Inc Occupation Vp, Pharmacy Operations Mgmt

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96329

Amount of Each Receipt this Period

114.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly )

**C.**

Full Name (Last, First, Middle Initial)  
Ernest Rogers

Mailing Address 105 Rhinestone Court

City State Zip Code  
Elizabethtown KY 42701

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

Name of Employer Cardinal Health, Inc Occupation Vp, Customer Service Mgmt

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 00511.C96330

Amount of Each Receipt this Period

114.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly )

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

285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Rosenbaum	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 144 Knollcrest Lane	<b>Transaction ID:</b> 00511.C96271
	City State Zip Code Rockwood TN 37854	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (192.3-0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Chief Customer Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cindy Roser	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 5090 Pk Brooke Wkwy	<b>Transaction ID:</b> 00511.C96355
	City State Zip Code Alpharetta GA 30022	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (50.00-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Southeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Annlea Rumpfola	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 8314 Davington Dr	<b>Transaction ID:</b> 00511.C96314
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (38.00-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, App Design & Devel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>840.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Seide	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 30 Nutmeg Ln	<b>Transaction ID:</b> 00511.C96245
	City State Zip Code North Andover MA 01845	Amount of Each Receipt this Period 55.56
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Territory Sales	Payroll Deduction: (18.52- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.72	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kendell Sherrer	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 7720 Heatherwood Ln	<b>Transaction ID:</b> 00511.C96294
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 60.33
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Hr Business Partners	Payroll Deduction: (20.11- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.21	

<b>C.</b>	Full Name (Last, First, Middle Initial) Benn Sledge	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 8016 W 138th Terrace	<b>Transaction ID:</b> 00511.C96318
	City State Zip Code Overland Park KS 66223	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Account (strat Accts Ips)	Payroll Deduction: (38.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>229.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 43  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Stoll

Mailing Address 4228 Saint 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, Account Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 04 / 2010

Transaction ID: 00511.C96260

Amount of Each Receipt this Period 57.00

Receipt

Payroll Deduction: (19.00- /Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Greg Storm

Mailing Address 7703 E 85th St

City Tulsa State OK Zip Code 74133

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

Name of Employer Cardinal Health, Inc Occupation Exec, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.18

Date of Receipt 05 / 04 / 2010

Transaction ID: 00511.C96233

Amount of Each Receipt this Period 29.62

Receipt

Payroll Deduction: (14.81- /Bi-Weekly )

**C.**

Full Name (Last, First, Middle Initial)  
Greg Storm

Mailing Address 7703 E 85th St

City Tulsa State OK Zip Code 74133

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

Name of Employer Cardinal Health, Inc Occupation Exec, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.80

Date of Receipt 05 / 28 / 2010

Transaction ID: 00608.C96637

Amount of Each Receipt this Period 17.62

Receipt

Payroll Deduction: (17.62- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 104.24

**TOTAL** This Period (last page this line 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 37 / 43  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC**

**A.** Full Name (Last, First, Middle Initial)  
 Peter Stoy  
 Mailing Address 1955 Enclave Drive  
 City State Zip Code  
 Mt Pleasant SC 29464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Territory Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96319  
 Amount of Each Receipt this Period 114.00  
 Receipt  
 Payroll Deduction: (38.00- /Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
 Robert Summers  
 Mailing Address 146 Chasely Circle  
 City State Zip Code  
 Powell OH 43065  
 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 ▼ 333.85  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96308  
 Amount of Each Receipt this Period 91.05  
 Receipt  
 Payroll Deduction: (30.35- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
 Mary Jane Tew  
 Mailing Address 6315 Duffy Rd  
 City State Zip Code  
 Delaware OH 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Customer Service Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 392.00  
 Date of Receipt 05 / 04 / 2010  
**Transaction ID:** 00511.C96334  
 Amount of Each Receipt this Period 114.00  
 Receipt  
 Payroll Deduction: (38.00- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **319.05**  
**TOTAL** This Period (last page this line 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 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Carole Watkins		Date of Receipt
	Mailing Address 1967 Woodlands Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Powell	OH	43065
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 00511.C96270
Name of Employer Cardinal Health, Inc		Occupation Chief Human Resource Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2115.30	<input type="text"/> 576.90
			Receipt
			Payroll Deduction: (192.3-0/Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah Wolin		Date of Receipt
	Mailing Address 44 Lake Mist Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Sugar Land	TX	77479
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 00511.C96280
Name of Employer Cardinal Health, Inc		Occupation Vp, Asc Gen Csl, Comm/trans	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 60.00
			Receipt
			Payroll Deduction: (20.00-/Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony Woo		Date of Receipt
	Mailing Address 6151 Haddo Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 00511.C96290
Name of Employer Cardinal Health, Inc		Occupation Svp, Corp Devel, Fin Anl/val	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 60.00
			Receipt
			Payroll Deduction: (20.00-/Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 696.90
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.** Full Name (Last, First, Middle Initial)  
Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City State Zip Code  
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc      Occupation Svp, Prof & Govt Relations

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt 05 / 04 / 2010  
Transaction ID: 00511.C96232  
Amount of Each Receipt this Period 405.00  
Receipt  
Payroll Deduction: (135.00/Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Brian Worth

Mailing Address 5654 Rothesay Drive

City State Zip Code  
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc      Occupation Svp, Hr Business Partner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 04 / 2010  
Transaction ID: 00511.C96301  
Amount of Each Receipt this Period 75.00  
Receipt  
Payroll Deduction: (25.00/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 480.00

**TOTAL** This Period (last page this line number only) ..... ► 15332.83

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Burgess for Congress</p> <p>Mailing Address 217 3rd St SE</p> <p>City Washington State DC Zip Code 20003-1904</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL C. BURGESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00608.E1305 <b>Date of Disbursement</b> 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>DIRECT CONTRIBUTION</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Coburn for Senate 2010</p> <p>Mailing Address 217 Third Street SE</p> <p>City Washington State DC Zip Code 20003-0977</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name THOMAS A COBURN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00608.E1302 <b>Date of Disbursement</b> 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-0214</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN D. DINGELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00608.E1301 <b>Date of Disbursement</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

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

7500.00

**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)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Jordan for Congress Mailing Address PO Box 368 City Falls Church State VA Zip Code 22040-0368 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JAMES D JORDAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00608.E1300 Date of Disbursement 05 / 13 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address 303 Massachusetts Ave NE City Washington State DC Zip Code 20002-5701 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name BLANCHE LAMBERT LINCOLN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Portman for Senate Committee Mailing Address 211 S 5th St City Columbus State OH Zip Code 43215-5203 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ROB PORTMAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00511.E1297 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 4000.00 Category/Type 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)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE		Transaction ID: 00608.E1304	
	Mailing Address 631-B Pennsylvania Avenue SE		Date of Disbursement 05 / 21 / 2010	
	City Washington	State DC	Zip Code 20003-4303	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type	DIRECT CONTRIBUTION
	Candidate Name FREEDOM PROJECT; THE			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	State: District:	ANNUAL/OTHER		

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

5000.00

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

18500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon Mailing Address 2931 E Dublin Granville Rd Ste 190 City Columbus State OH Zip Code 43231-2098 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00511.E1299 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Garland Mailing Address 550 E Walnut St City Columbus State OH Zip Code 43215-5323 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00511.E1298 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) The Committee for Jim Hughes Mailing Address 211 S 5th St City Columbus State OH Zip Code 43215-5203 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00608.E1303 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>