

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)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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 JAMES W. HOEBERLING
Signature of Treasurer Electronically Filed by JAMES W. HOEBERLING Date 04 13 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		179267.79
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	190187.32									
(c) Total Receipts (from Line 19)	15924.96	37844.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	206112.28	217112.28								
7. Total Disbursements (from Line 31)	16500.00	27500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	189612.28	189612.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	8286.41	13622.31
(i) Itemized (use Schedule A)	7041.36	22480.86
(ii) Unitemized	15327.77	36103.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15327.77	36103.17
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.)	597.19	1741.32
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))	15924.96	37844.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15924.96	37844.49

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	12000.00
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.....	13000.00	15500.00
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))..	16500.00	27500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16500.00	27500.00

DETAILED SUMMARY PAGE
of Disbursements

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	15327.77	36103.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15327.77	36103.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Brooke Alexy

Mailing Address 15401 Oak Pond Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Cardinal Health, Inc Occupation Counsel, Asst General

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 491.33

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80110

Amount of Each Receipt this Period
210.57

Receipt

Payroll Deduction: (70.19- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Cassandra Baker

Mailing Address 1672 Barrington Rd

City State Zip Code
Upper Arlington OH 43221

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

Name of Employer Cardinal Health, Inc Occupation Vp, Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80097

Amount of Each Receipt this Period
153.00

Receipt

Payroll Deduction: (51.00- /Pay Period)

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

Mailing Address 6895 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 Vp, Hospital Pharma Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.61

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80043

Amount of Each Receipt this Period
108.69

Receipt

Payroll Deduction: (36.23- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	472.26
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy Boes		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 103 La Trobe Ct		Transaction ID: 70312.C80120
City State Zip Code Southlake TX 76092	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 259.29
Name of Employer Cardinal Health, Inc	Occupation Svp, Medication Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.01	Payroll Deduction: (86.43- /Pay Period)

Full Name (Last, First, Middle Initial) B. Scott Bostick		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 1546 Vivaldi Drive		Transaction ID: 70312.C80064
City State Zip Code Cardiff CA 92007	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm-supply Chain Solution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Anne Bouchenoire		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 5772 Banavie Ct		Transaction ID: 70312.C80045
City State Zip Code Dublin OH 43017	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 111.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Global Branding	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.00	Payroll Deduction: (37.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	490.29
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mark Branday Mailing Address 55 Island Blvd City State Zip Code Fox Island WA 98333 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007 Transaction ID: 70312.C80041 Amount of Each Receipt this Period 95.55 Receipt Payroll Deduction: (31.85- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.95		

B. Full Name (Last, First, Middle Initial) Gary Cacciatore Mailing Address 3810 Loch Glen Court City State Zip Code Houston TX 77059 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007 Transaction ID: 70312.C80029 Amount of Each Receipt this Period 87.24 Receipt Payroll Deduction: (29.08- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Dir, Affairs - Counsel-regltry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.56		

C. Full Name (Last, First, Middle Initial) Mary Cooney Mailing Address 2211 Briarglen #507 City State Zip Code Houston TX 77027 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007 Transaction ID: 70312.C80099 Amount of Each Receipt this Period 159.87 Receipt Payroll Deduction: (53.29- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 373.03		

SUBTOTAL of Receipts This Page (optional)	342.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Jody Davids

Mailing Address 7638 Red Bay Court

City State Zip Code
Dublin OH 43016

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

Name of Employer Cardinal Health, Inc Occupation Evp, Global Shared Svc & C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80096

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

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

Mailing Address 8103 Catalina Island Drive

City State Zip Code
Katy TX 77494

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

Name of Employer Cardinal Health, Inc Occupation Vp, Advice & Counsel Ctr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 428.40

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80107

Amount of Each Receipt this Period
183.60

Receipt

Payroll Deduction: (61.20- /Pay Period)

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

Mailing Address 8382 Deep Run

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Evp, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.61

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80047

Amount of Each Receipt this Period
117.69

Receipt

Payroll Deduction: (39.23- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	451.29
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 1163 Vineyard Dr		Transaction ID: 70312.C80069
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 139.05
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 ▼ 324.45	Payroll Deduction: (46.35- /Pay Period)

Full Name (Last, First, Middle Initial) B. Brendan Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 798 Tweed Court		Transaction ID: 70312.C79923
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cardinal Health, Inc	Occupation Evp, Corp Dev	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	Payroll Deduction: (100.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7471 Balfoure Circle		Transaction ID: 70312.C80049
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.73
Name of Employer Cardinal Health, Inc	Occupation Svp, Reg Affairs/chf Reg Cnsl	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.37	Payroll Deduction: (39.91- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	558.78
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial) L Glenn Hall		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 6678 Willow Grove Ln Circle #1502		Transaction ID: 70312.C80038	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 90.84	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Gm		Payroll Deduction: (30.28- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.96	

B. Full Name (Last, First, Middle Initial) Mark Hartman		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 7677 Tartan Fields Dr		Transaction ID: 70312.C80124	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 276.21	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Evp, Business Services		Payroll Deduction: (92.07- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 644.49	

C. Full Name (Last, First, Middle Initial) Linda Harty		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1761 Roxbury Rd		Transaction ID: 70312.C79925	
City State Zip Code Columbus OH 43212		Amount of Each Receipt this Period 322.80	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Evp, Treasurer		Payroll Deduction: (107.6- 0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 753.20	

SUBTOTAL of Receipts This Page (optional) ▶	689.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. James Hethcox		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 5442 Haverhill Drive		Transaction ID: 70312.C80042	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 98.07		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Is Medication Executive, Ips		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.83		
		Payroll Deduction: (32.69- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Robin Hoke		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 2134 Yorkshire Road		Transaction ID: 70312.C80067	
City State Zip Code Columbus OH 43221	Amount of Each Receipt this Period 121.14		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Initiatives		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.66		
		Payroll Deduction: (40.38- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Stephen Inacker		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1490 S Ridge Rd		Transaction ID: 70312.C80031	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 89.43		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Global Sourcing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.67		
		Payroll Deduction: (29.81- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	308.64
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Stephen Johnson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 221 W Lancaster Ave # 2012		Transaction ID: 70312.C80030	
City State Zip Code Fort Worth TX 76102	Amount of Each Receipt this Period 89.43		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, South Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.67		
		Payroll Deduction: (29.81- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Remi Kajogbola		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 15751 Sheridan St #149		Transaction ID: 70312.C80101	
City State Zip Code Fort Lauderdale FL 33331	Amount of Each Receipt this Period 170.19		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Integrated Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.11		
		Payroll Deduction: (56.73- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Michael Kennedy		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 70312.C80028	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 86.97		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.93		
		Payroll Deduction: (28.99- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	346.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 4868 Carrigan Ridge		Transaction ID: 70312.C80102	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 177.39		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Mrktng, Retail/alt Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.91		
		Payroll Deduction: (59.13- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michael Lynch		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 550 E Rosemary		Transaction ID: 70312.C79965	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 484.62		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Group Pres, Med Products Mfg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1130.78		
		Payroll Deduction: (161.5- 4/Pay Period)	

Full Name (Last, First, Middle Initial) C. Steven Merkin		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1481 Country Ln		Transaction ID: 70312.C80066	
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	
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
		Payroll Deduction: (40.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	782.01
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Frederick Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 7303 Deacon Court		Transaction ID: 70312.C80046	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 111.81		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Services	Payroll Deduction: (37.27- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.89		

Full Name (Last, First, Middle Initial) B. William Owad		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 7558 Heatherwood Ln		Transaction ID: 70312.C80119	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 161.68		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence	Payroll Deduction: (80.84- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.04		

Full Name (Last, First, Middle Initial) C. William Owad		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 7558 Heatherwood Ln		Transaction ID: 70413.C80390	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence	Payroll Deduction: (1.00/- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.04		

SUBTOTAL of Receipts This Page (optional) ▶	274.49
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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

Full Name (Last, First, Middle Initial) A. Kevin Peters		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 465 Fourth Fairway Drive		Transaction ID: 70312.C80094	
City Roswell	State GA	Zip Code 30076	Amount of Each Receipt this Period 150.21
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Ips Sales Se		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.49		
		Payroll Deduction: (50.07- /Pay Period)	

Full Name (Last, First, Middle Initial) B. George Plava		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 3526 Pembroke Dr		Transaction ID: 70312.C80108	
City Richmond	State TX	Zip Code 77469	Amount of Each Receipt this Period 197.40
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Pharmacy Practice Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.60		
		Payroll Deduction: (65.80- /Pay Period)	

Full Name (Last, First, Middle Initial) C. William Rampy		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 103 Foxglove Ln		Transaction ID: 70312.C80098	
City Bentonville	State AR	Zip Code 72712	Amount of Each Receipt this Period 155.73
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Franchise Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.37		
		Payroll Deduction: (51.91- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	503.34
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Sandra Rigopoulos		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 307 S Hi Lusi Ave		Transaction ID: 70312.C80121
City Mt Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 261.78
Name of Employer Cardinal Health, Inc	Occupation Vp, Customer Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.82	Payroll Deduction: (87.26- /Pay Period)

Full Name (Last, First, Middle Initial) B. Mark Rosenbaum		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 6565 Lockhart Lane		Transaction ID: 70312.C79958
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer Cardinal Health, Inc	Occupation Pres, Ips Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	Payroll Deduction: (150.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Claudia Russell		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 5064 Seagrove Cove		Transaction ID: 70312.C80068
City San Diego	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.90
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Innovation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.18	Payroll Deduction: (42.30- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	838.68
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Schindewolf		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 6507 Burning Tree		Transaction ID: 70312.C80037
City Mchenry	State IL	Zip Code 60050
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 90.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction: (30.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. David Schlotterbeck		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 12 Hermitage Lane		Transaction ID: 70312.C79924
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer Cardinal Health, Inc	Occupation Ceo, Clinical & Medical Pr	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	Payroll Deduction: (100.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Jesse Sims		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 11014 Black Falls Ct		Transaction ID: 70312.C80095
City Sugar Land	State TX	Zip Code 77478
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer Cardinal Health, Inc	Occupation Mgr, Service - Technical	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	540.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Cornell Stamoran

Mailing Address 3 Matrick Court

City Hillsborough State NJ Zip Code 08844

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

Name of Employer Cardinal Health, Inc Occupation Vp, Strategic Intel & Plan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 493.92

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80111

Amount of Each Receipt this Period
219.24

Receipt

Payroll Deduction: (73.08- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Mark Stauffer

Mailing Address 10644 Dundee Ct

City Powell State OH Zip Code 43065

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

Name of Employer Cardinal Health, Inc Occupation Svp, Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 373.87

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80100

Amount of Each Receipt this Period
160.23

Receipt

Payroll Deduction: (53.41- /Pay Period)

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

Mailing Address 2 Jonah Ct
Po Box 615

City Peapack State NJ Zip Code 07977

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

Name of Employer Cardinal Health, Inc Occupation Svp, Innovation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.80

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 70312.C80044

Amount of Each Receipt this Period
109.20

Receipt

Payroll Deduction: (36.40- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 488.67

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Walsh		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 8722 Sweetwater Ct		Transaction ID: 70312.C80048	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 118.56		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont	Payroll Deduction: (39.52- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.64		

Full Name (Last, First, Middle Initial) B. Robert Walter		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 70312.C79973	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 576.06		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chairman	Payroll Deduction: (192.0- 2/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.14		

Full Name (Last, First, Middle Initial) C. Carole Watkins		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1967 Woodlands Place		Transaction ID: 70312.C80065	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chief Human Resources Officer	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ▶	814.62
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 32	
	(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)
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 & Gov't Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
896.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	7

Transaction ID: 70312.C79937

Amount of Each Receipt this Period
384.24

Receipt

Payroll Deduction: (128.0-8/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	384.24
TOTAL This Period (last page this line number only)	▶	8286.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 32	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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)
 Comerica Bank

Mailing Address Po Box 75000 (mc 2250)

City State Zip Code
 Detroit MI 48275-2250

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

Name of Employer Occupation
 Bank

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1741.32

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2007

Transaction ID: 70312.C79861

Amount of Each Receipt this Period
 597.19

Interest Received

SUBTOTAL of Receipts This Page (optional)	597.19
TOTAL This Period (last page this line number only)	597.19

**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)

PAGE 23 / 32

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

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

Full Name (Last, First, Middle Initial) A. Alexander for Senate		Transaction ID: 70413.E923 Date of Disbursement 03 / 27 / 2007
Mailing Address 228 S. Washington Street Suite 115		Amount of Each Disbursement this Period -2000.00
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement : STOP PAYMENT Candidate Name LAMAR ALEXANDER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

: STOP PAYMENT

Full Name (Last, First, Middle Initial) B. Friends of John Boehner		Transaction ID: 70413.E901 Date of Disbursement 03 / 21 / 2007
Mailing Address 7908 Cincinnati-Dayton Road		Amount of Each Disbursement this Period 2500.00
City West Chester State OH Zip Code 45069-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JOHN A BOEHRNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Citizens for Bunning		Transaction ID: 70413.E922 Date of Disbursement 03 / 27 / 2007
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period -2000.00
City Fort Wright State KY Zip Code 41011-	Purpose of Disbursement : STOP PAYMENT Candidate Name JIM BUNNING Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

: STOP PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶	-1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. Friends of Kent Conrad		Transaction ID: 70312.E900 Date of Disbursement 03 / 09 / 2007
Mailing Address PO Box 812		Amount of Each Disbursement this Period 2000.00
City Bismarck	State ND	
Zip Code 58502-0812		DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name KENT CONRAD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District: 00		

Full Name (Last, First, Middle Initial) B. Hatch Election Committee		Transaction ID: 70413.E921 Date of Disbursement 03 / 27 / 2007
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period -1000.00
City Salt Lake City	State UT	
Zip Code 84101-		: STOP PAYMENT
Purpose of Disbursement : STOP PAYMENT		
Candidate Name ORRIN G HATCH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District: 00		

Full Name (Last, First, Middle Initial) C. Hobson For Congress		Transaction ID: 70413.E911 Date of Disbursement 03 / 21 / 2007
Mailing Address 82 W. Columbia Street		Amount of Each Disbursement this Period 1000.00
City Springfield	State OH	
Zip Code 45502-		DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name DAVID LEE HOBSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 07		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial) A. Jim Jordan for Congress		Transaction ID: 70413.E924 Date of Disbursement 03 / 28 / 2007	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement DIRECT CONTRIBUTION	Candidate Name JAMES D JORDAN	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. John Kerry for Senate		Transaction ID: 70312.E899 Date of Disbursement 03 / 08 / 2007	
Mailing Address 511 C St NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-5809	Purpose of Disbursement DIRECT CONTRIBUTION	Candidate Name JOHN FORBES KERRY	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. Ron Lewis for Congress		Transaction ID: 70413.E915 Date of Disbursement 03 / 22 / 2007	
Mailing Address 700 12th st nw ste 700		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20005-	Purpose of Disbursement DIRECT CONTRIBUTION	Candidate Name RON LEWIS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. Citizens for Arlen Specter		Transaction ID: 70413.E920 Date of Disbursement 03 / 27 / 2007
Mailing Address 3502 Preston Court Suite 1100 North		Amount of Each Disbursement this Period -2000.00
City Chevy Chase State MD Zip Code 20815-	Category/ Type	
Purpose of Disbursement : STOP PAYMENT		
Candidate Name ARLEN SPECTER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: STOP PAYMENT

Full Name (Last, First, Middle Initial) B. Whitfield for Congress		Transaction ID: 70413.E914 Date of Disbursement 03 / 22 / 2007
Mailing Address 217 Third St SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-1904	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name ED WHITFIELD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Heather Wilson for Congress		Transaction ID: 70413.E902 Date of Disbursement 03 / 21 / 2007
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Alburquerque State NM Zip Code 87191-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name HEATHER A. WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	3500.00

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)

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

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

Full Name (Last, First, Middle Initial) A. Ohio House Republican Campaign Cmte		Transaction ID: 70413.E910 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 100 East Broad Street Suite 2225		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement DIRECT CONTRIBUTION	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Republican Senate Campaign Committee		Transaction ID: 70413.E909 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 211 South Fifth Street		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement DIRECT CONTRIBUTION	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. Ohio Senate Democrats		Transaction ID: 70413.E903 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 271 East State Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement DIRECT CONTRIBUTION	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Citizens for Austria		Transaction ID: 70413.E904 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 2735 Obetz Drive		Amount of Each Disbursement this Period 500.00
City Beavercreek State OH Zip Code 45434-	Category/ Type	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Kevin Bacon		Transaction ID: 70413.E918 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 5325 Ponderosa Dr		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43231-4033	Category/ Type	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Buehrer		Transaction ID: 70413.E917 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 704 Greeniew Drive		Amount of Each Disbursement this Period 500.00
City Delta State OH Zip Code 43515-	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

Full Name (Last, First, Middle Initial) A. Citizens for Carey		Transaction ID: 70413.E908 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 401 S. Arkansas Avenue		Amount of Each Disbursement this Period 1000.00
City Wellston State OH Zip Code 45692-	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Matthew J. Dolan		Transaction ID: 70413.E912 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 100 7th Ave # 12		Amount of Each Disbursement this Period 1000.00
City Chardon State OH Zip Code 44024-7804	Category/ Type	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Elect David Goodman		Transaction ID: 70413.E919 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 7250 Talanth Place		Amount of Each Disbursement this Period 1000.00
City New Albany State OH Zip Code 43054-	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

Full Name (Last, First, Middle Initial) A. Committee for Jim Hughes		Transaction ID: 70413.E907 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 14 E. Gay St 2nd Fl		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-3182	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Hughes		Transaction ID: 70312.E896 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 4601 Market Street 1st Floor		Amount of Each Disbursement this Period 500.00
City Philadelphia State PA Zip Code 19139-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Kenney		Transaction ID: 70312.E898 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 11524		Amount of Each Disbursement this Period 500.00
City Philadelphia State PA Zip Code 19116-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect McCall		Transaction ID: 70312.E897 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address PO Box 244		Amount of Each Disbursement this Period 500.00	
City Lansford	State PA	Zip Code 18232-0244	Category/ Type
Purpose of Disbursement DIRECT CONTRIBUTION			
Candidate Name			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect James McGregor		Transaction ID: 70413.E916 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 133 Misty Oak Place		Amount of Each Disbursement this Period 500.00	
City Gahanna	State OH	Zip Code 43230-	Category/ Type
Purpose of Disbursement DIRECT CONTRIBUTION			
Candidate Name			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Committee to Elect Ray Miller		Transaction ID: 70413.E905 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7	
Mailing Address 17 South High Street Suite 500		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH	Zip Code 43215-	Category/ Type
Purpose of Disbursement DIRECT CONTRIBUTION			
Candidate Name			Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Senator Spada		Transaction ID: 70413.E906 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 5962 Royalwood Road		Amount of Each Disbursement this Period 500.00
City North Royalton	State OH	
Zip Code 44133-		
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens for Wagoner		Transaction ID: 70413.E913 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 3331 Pelham Road		Amount of Each Disbursement this Period 2000.00
City Toledo	State OH	
Zip Code 43606-		
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

13000.00