

# 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 07 01 2007 through 07 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 10 09 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

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 .....	182399.95									
(c) Total Receipts (from Line 19) .....	17402.35	94534.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	199802.30	273802.30								
7. Total Disbursements (from Line 31) .....	8500.00	82500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	191302.30	191302.30								
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**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

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	12946.25	54091.90
(i) Itemized (use Schedule A) .....	3773.10	35913.56
(ii) Unitemized .....	16719.35	90005.46
(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) .....	16719.35	90005.46
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.) .....	683.00	4529.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	17402.35	94534.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17402.35	94534.51

**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.....	10500.00	44000.00
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.....	-2000.00	38500.00
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))..	8500.00	82500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8500.00	82500.00

**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) .....	16719.35	90005.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16719.35	90005.46
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 / 50
	<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) <b>A. Brooke Alexy</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 15401 Oak Pond Lane		<b>Transaction ID: 072620070C82386</b>	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 161.54		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Counsel, Asst General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1116.33		
		Payroll Deduction: (80.77- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. David Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 15917 Willis Way		<b>Transaction ID: 072620070C82372</b>	
City State Zip Code Woodbine MD 21797	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Hsp Mkt & Innov St		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.76		
		Payroll Deduction: (57.69- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Charles Armstrong</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6864 Rob Roy Drive		<b>Transaction ID: 072620070C82278</b>	
City State Zip Code Dublin OH 43017-8084	Amount of Each Receipt this Period 44.36		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Finance Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.70		
		Payroll Deduction: (22.18- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	321.28
<b>TOTAL</b> 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 / 50
	<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) <b>A. Cassandra Baker</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1672 Barrington Rd		<b>Transaction ID: 072620070C82368</b>	
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43221</b>	Amount of Each Receipt this Period 102.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gov&apos;t Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00		
		Payroll Deduction: (51.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. James Barker</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2761 Skelton Ln		<b>Transaction ID: 072620070C82282</b>	
City <b>Blacklick</b>	State <b>OH</b>	Zip Code <b>43004</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Purchasing - Glbl Supp Sol		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.88		
		Payroll Deduction: (25.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Gregory Baumli</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 14566 Somerset Cir		<b>Transaction ID: 072620070C82290</b>	
City <b>Green Oaks</b>	State <b>IL</b>	Zip Code <b>60048</b>	Amount of Each Receipt this Period 51.14
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.55		
		Payroll Deduction: (25.57- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	203.14
<b>TOTAL</b> 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 / 50
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Laurel Beeler		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1723 Eagle Trl		Transaction ID: 072620070C82283	
City Oxford	State MI	Zip Code 48371	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Reg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
		Payroll Deduction: (25.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Porter Bertelson		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6895 Macneil Dr		Transaction ID: 072620070C82310	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 72.46
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Hospital Pharma Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.45		
		Payroll Deduction: (36.23- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Shelley Bird		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7998 Caraway Ave		Transaction ID: 072620070C82176	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp,communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		Payroll Deduction: (100.0- 0/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	322.46
<b>TOTAL</b> 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 9 / 50
	<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) <b>A. Timothy Boes</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 103 La Trobe Ct		<b>Transaction ID: 072620070C82387</b>
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 172.86
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 ▼ 1296.45	Payroll Deduction: (86.43- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Scott Bostick</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1546 Vivaldi Drive		<b>Transaction ID: 072620070C82327</b>
City Cardiff	State CA	Zip Code 92007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
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 ▼ 600.00	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Anne Bouchenoire</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 5772 Banavie Ct		<b>Transaction ID: 072620070C82311</b>
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 74.00
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 ▼ 555.00	Payroll Deduction: (37.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>326.86</b>
<b>TOTAL</b> 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 / 50
	<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) <b>A. Mark Branday</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 55 Island Blvd		<b>Transaction ID: 072620070C82308</b>	
City Fox Island	State WA	Zip Code 98333	Amount of Each Receipt this Period 63.70
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 477.75		
		Payroll Deduction: (31.85- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Michael Brown</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 3103 Saddle Ridge		<b>Transaction ID: 072620070C82207</b>	
City Richmond	State TX	Zip Code 77469	Amount of Each Receipt this Period 28.46
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Pharm Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.45		
		Payroll Deduction: (14.23- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Thomas Burke</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 21 Parsons Drive		<b>Transaction ID: 072620070C82276</b>	
City Swampscott	State MA	Zip Code 01907	Amount of Each Receipt this Period 42.58
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Supply Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.35		
		Payroll Deduction: (21.29- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	134.74
<b>TOTAL</b> 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 / 50
	<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) <b>A. Gary Cacciatore</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 3810 Loch Glen Court		<b>Transaction ID: 072620070C82306</b>	
City State Zip Code Houston TX 77059	Amount of Each Receipt this Period 63.46		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.10		
		Payroll Deduction: (31.73- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Thomas Calhoun</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5n496 W Lakeview Cir		<b>Transaction ID: 072620070C82294</b>	
City State Zip Code St Charles IL 60175	Amount of Each Receipt this Period 56.16		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Warehouse Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.20		
		Payroll Deduction: (28.08- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Steven Callison</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1368 Lincoln Road		<b>Transaction ID: 072620070C82208</b>	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 29.40		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Blackbelt - Vp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50		
		Payroll Deduction: (14.70- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	149.02
<b>TOTAL</b> 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 12 / 50
<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) <b>A. Anthony Caprio</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address <b>6 Cottage Lane</b>		<b>Transaction ID: 072620070C82177</b>	
City State Zip Code <b>Marlboro NJ 07746</b>		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer <b>Cardinal Health, Inc</b>		Occupation <b>Evp, Ips Sales Ne</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction: (100.0-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Debra Caravelli</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address <b>4862 Vista Ridge Dr</b>		<b>Transaction ID: 072620070C82275</b>	
City State Zip Code <b>Dublin OH 43017</b>		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer <b>Cardinal Health, Inc</b>		Occupation <b>Svp, Hr Service Deliv/vend Mgm</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	
		Payroll Deduction: (21.00-/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Kerry Clark</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address <b>8515 Fox Cub Lane</b>		<b>Transaction ID: 072620070C82239</b>	
City State Zip Code <b>Cincinnati OH 45243</b>		Amount of Each Receipt this Period 384.60	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer <b>Cardinal Health, Inc</b>		Occupation <b>President/ceo</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 961.50	
		Payroll Deduction: (192.3-0/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>626.60</b>
<b>TOTAL</b> 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 / 50
	<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) <b>A. Douglas Cones</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 4826 Macallan Court West		<b>Transaction ID:</b> 072620070C82229
City Dublin State OH Zip Code 43017-8269	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 37.32
Name of Employer Cardinal Health, Inc Occupation Vp, Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 279.90		Payroll Deduction: (18.66- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Mary Cooney</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2211 Briarglen #507		<b>Transaction ID:</b> 072620070C82131
City Houston State TX Zip Code 77027	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period -31.98
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) ▼	Receipt
Aggregate Year-to-Date ▼ 632.90		Payroll Deduction: (-31.9- 8/Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Mary Cooney</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2211 Briarglen #507		<b>Transaction ID:</b> 072620070C82219
City Houston State TX Zip Code 77027	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 153.29
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) ▼	Receipt
Aggregate Year-to-Date ▼ 786.19		Payroll Deduction: (153.2- 9/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>158.63</b>
<b>TOTAL</b> 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 14 / 50
	<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) <b>A.</b> Mary Cooney		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2211 Briarglen #507		Transaction ID: 072620070C82392
City State Zip Code Houston TX 77027	Amount of Each Receipt this Period -53.29	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 732.90	
		Payroll Deduction: (-53.2-9/Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Mary Cooney		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2211 Briarglen #507		Transaction ID: 072620070C82451
City State Zip Code Houston TX 77027	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 832.90	
		Payroll Deduction: (100.0-0/Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Bonita Court		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1306 Downs Parkway		Transaction ID: 072620070C82279
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 44.66	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Cardinal Health, Inc	Occupation Sr Mgr, Sls & Mktg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.95	
		Payroll Deduction: (22.33-/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	91.37
<b>TOTAL</b> 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 15 / 50
	<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) <b>A.</b> John Cullivan		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1 Miranova Place #910		Transaction ID: 072620070C82220	
City State Zip Code Columbus OH 43215		Amount of Each Receipt this Period 307.70	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Svp, Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 769.25	
		Payroll Deduction: (153.8-5/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Jody Davids		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7638 Red Bay Court		Transaction ID: 072620070C82367	
City State Zip Code Dublin OH 43016		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Evp, Global Shared Svc & C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	
		Payroll Deduction: (50.00-/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald Dedels		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 8371 Dolman Drive		Transaction ID: 072620070C82221	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 32.14	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Vp, Sales Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 241.05	
		Payroll Deduction: (16.07-/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	439.84
<b>TOTAL</b> 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 16 / 50
	<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) <b>A. Ted Dibiase</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 8103 Catalina Island Drive		<b>Transaction ID: 072620070C82377</b>	
City Katy State TX Zip Code 77494	Amount of Each Receipt this Period 122.40		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Advice & Counsel Ctr	Payroll Deduction: (61.20- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 918.00		

Full Name (Last, First, Middle Initial) <b>B. Kurt Dieck</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7037 Lake Trail Dr		<b>Transaction ID: 072620070C82183</b>	
City Westerville State OH Zip Code 43082	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Strategy & Bus Dev -	Payroll Deduction: (100.0- 0/Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Scott Dodson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7000 Grate Park Dr		<b>Transaction ID: 072620070C82232</b>	
City New Albany State OH Zip Code 43054	Amount of Each Receipt this Period 19.89		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Controller, Nlc	Payroll Deduction: (19.89- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.46		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	342.29
<b>TOTAL</b> 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 17 / 50
	<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) <b>A. Scott Dodson</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 7000 Grate Park Dr		<b>Transaction ID:</b> 072620070C82566
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3.98
Name of Employer Cardinal Health, Inc	Occupation Controller, Nlc	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.44	Payroll Deduction: (3.98/- Pay Period)

Full Name (Last, First, Middle Initial) <b>B. Gary Dolch</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 8382 Deep Run		<b>Transaction ID:</b> 072620070C82234
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 384.60
Name of Employer Cardinal Health, Inc	Occupation Evp, Quality	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1353.80	Payroll Deduction: (192.3- 0/Pay Period)

Full Name (Last, First, Middle Initial) <b>C. Charles Echols</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 5369 Lake Shore Ave		<b>Transaction ID:</b> 072620070C82218
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.26
Name of Employer Cardinal Health, Inc	Occupation Vp, Enviro Health & Safety	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.95	Payroll Deduction: (15.13- /Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>418.84</b>
<b>TOTAL</b> 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 / 50
	<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) <b>A. James Egan</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4650 Aberdeen Ave		<b>Transaction ID: 072620070C82292</b>	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 53.14		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.55		
		Payroll Deduction: (26.57- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Gary Ellis</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6146 Balmoral Drive		<b>Transaction ID: 072620070C82186</b>	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Branded Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (100.0- 0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Sue Ellen Erickson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 21 Springfield 1a		<b>Transaction ID: 072620070C82224</b>	
City State Zip Code Cranford NJ 07016	Amount of Each Receipt this Period 32.32		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr li, Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.40		
		Payroll Deduction: (16.16- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.46
<b>TOTAL</b> 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 19 / 50
	<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) <b>A. Leeann Evensen</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1423 Shady Valley		<b>Transaction ID:</b> 072620070C82215
City State Zip Code Sugar Land TX 77479	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Mgr, Application & Support	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (15.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Brik Eyre</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 716 Paradise Ln		<b>Transaction ID:</b> 072620070C82287
City State Zip Code Libertyville IL 60048	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Presource Products	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction: (25.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Stephen Falk</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 2480 Sandover Rd		<b>Transaction ID:</b> 072620070C82181
City State Zip Code Columbus OH 43220	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Vp & General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction: (100.0- 0/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> 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 / 50
	<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) <b>A.</b> Jo Anne Fasetti		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1163 Vineyard Dr		<b>Transaction ID:</b> 072620070C82331
City State Zip Code Gurnee IL 60031	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 92.70
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 ▼ 695.25	Payroll Deduction: (46.35- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Nathaniel Filler		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 7639 Presidium Loop		<b>Transaction ID:</b> 072620070C82210
City State Zip Code Galena OH 43021	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Mgr, Gov't Relations - St	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (15.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Flannery		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 275 East Center St		<b>Transaction ID:</b> 072620070C82227
City State Zip Code Shavertown PA 18708	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 35.32
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 ▼ 263.06	Payroll Deduction: (17.66- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>158.02</b>
<b>TOTAL</b> 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 21 / 50
	<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) <b>A. Ivan Fong</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 21 S. Parkview Ave.		<b>Transaction ID: 072620070C82235</b>	
City State Zip Code Columbus OH 43209	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chief Legal Officer & Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1153.80		
		Payroll Deduction: (192.3-0/Pay Period)	

Full Name (Last, First, Middle Initial) <b>B. Brendan Ford</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 798 Tweed Court		<b>Transaction ID: 072620070C82180</b>	
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Corp Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1500.00		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) <b>C. David Fries</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4491 Hickory Rock Dr		<b>Transaction ID: 072620070C82212</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Order To Cash Program		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 225.00		
		Payroll Deduction: (15.00-/Pay Period)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	614.60
<b>TOTAL</b> 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 22 / 50
	<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) Edmund Fry		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1 Miranova Pl. Apt. 2040		<b>Transaction ID:</b> 072620070C82188	
City Columbus	State OH	Zip Code 43215	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Quality Assurance/reg Com		Payroll Deduction: (100.0-0/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7471 Balfoure Circle		<b>Transaction ID:</b> 072620070C82330	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 88.46
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Reg Affairs/chf Reg Cnsl		Payroll Deduction: (44.23-/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 611.61		

<b>C.</b> Full Name (Last, First, Middle Initial) James Gill		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1529 Woodvale Avenue		<b>Transaction ID:</b> 072620070C82217	
City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Strat Initiatives		Payroll Deduction: (15.00-/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	318.46
<b>TOTAL</b> 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 23 / 50
	<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)  
Robert Glover

Mailing Address 5633 N Kostner Ave

City State Zip Code  
Chicago IL 60646

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

Name of Employer Cardinal Health, Inc Occupation Vp, Health Systems

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 426.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 072620070C82295

Amount of Each Receipt this Period  
56.92

Receipt

Payroll Deduction: (28.46- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
David Goldsberry

Mailing Address 321 St Andrews Ln

City State Zip Code  
Gurnee IL 60031

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

Name of Employer Cardinal Health, Inc Occupation Svp, Govt Sales & Operatio

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 285.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 072620070C82231

Amount of Each Receipt this Period  
38.10

Receipt

Payroll Deduction: (19.05- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
David Gonzales

Mailing Address 384 Colorado Drive

City State Zip Code  
Cedar Creek TX 78612

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

Name of Employer Cardinal Health, Inc Occupation Dir, State Govt Relations

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 072620070C82365

Amount of Each Receipt this Period  
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.02
<b>TOTAL</b> 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 24 / 50
	<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) <b>A. Theresa Gould</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 3418 Big Hickory Dr.		<b>Transaction ID: 072620070C82228</b>
City Kingwood	State TX	Zip Code 77345
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.70
Name of Employer Cardinal Health, Inc	Occupation Vp, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.75	Payroll Deduction: (17.85- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Michael Groesbeck</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 33916 Summerfield		<b>Transaction ID: 072620070C82230</b>
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 37.82
Name of Employer Cardinal Health, Inc	Occupation Svp, Qra	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.74	Payroll Deduction: (18.91- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. L Glenn Hall</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 6678 Willow Grove Ln Circle #1502		<b>Transaction ID: 072620070C82304</b>
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.56
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 ▼ 454.20	Payroll Deduction: (30.28- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>134.08</b>
<b>TOTAL</b> 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 25 / 50
	<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) <b>A. Gregory Halvacs</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4964 Olentangy River River Rd		<b>Transaction ID: 072620070C82357</b>	
City State Zip Code Delaware OH 43015		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Chief Security Officer		Payroll Deduction: (50.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Troy Hanson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5622 Dorsey Drive		<b>Transaction ID: 072620070C82280</b>	
City State Zip Code Columbus OH 43235		Amount of Each Receipt this Period 45.90	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Dir, Product Mgmt		Payroll Deduction: (22.95- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 344.25	

Full Name (Last, First, Middle Initial) <b>C. Mark Hartman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7677 Tartan Fields Dr		<b>Transaction ID: 072620070C82182</b>	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Evp, Operational Excel Hscs		Payroll Deduction: (100.0-0 /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1412.77	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	345.90
<b>TOTAL</b> 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 26 / 50
	<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. Linda Harty		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1761 Roxbury Rd		Transaction ID: 072620070C82190
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.20
Name of Employer Cardinal Health, Inc	Occupation Evp, Cfo, Scs Healthcare	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1614.00	Payroll Deduction: (107.6- 0/Pay Period )

Full Name (Last, First, Middle Initial) B. Richard Heard		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 8106 Bulrush Canyon Trail		Transaction ID: 072620070C82286
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Health Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	Payroll Deduction: (25.00- /Pay Period )

Full Name (Last, First, Middle Initial) C. James Hethcox		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 5442 Haverhill Drive		Transaction ID: 072620070C82309
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.38
Name of Employer Cardinal Health, Inc	Occupation Is Medication Executive, Ips	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.35	Payroll Deduction: (32.69- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.58
<b>TOTAL</b> 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 27 / 50
	<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) <b>A.</b> John Howard		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 305 Vine Ct		<b>Transaction ID:</b> 072620070C82213
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Cnslt, Franchise Business	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (15.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Anthony Hunt		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 10208 Hollybrook Dr		<b>Transaction ID:</b> 072620070C82206
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 27.88
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.68	Payroll Deduction: (13.94- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Inacker		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1490 S Ridge Rd		<b>Transaction ID:</b> 072620070C82299
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.62
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Presource Products	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.15	Payroll Deduction: (29.81- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.50
<b>TOTAL</b> 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 28 / 50
	<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) <b>A.</b> Brian Jackson		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 9055 Tartan Flds Dr		Transaction ID: 072620070C82222
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Specialty	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Payroll Deduction: (16.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen Johnson		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 221 W Lancaster Ave # 2012		Transaction ID: 072620070C82298
City Fort Worth	State TX	Zip Code 76102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.62
Name of Employer Cardinal Health, Inc	Occupation Vp, South Region	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.15	Payroll Deduction: (29.81- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Remi Kajogbola		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 15751 Sheridan St #149		Transaction ID: 072620070C82371
City Fort Lauderdale	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 113.46
Name of Employer Cardinal Health, Inc	Occupation Svp, Integrated Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.95	Payroll Deduction: (56.73- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.08
<b>TOTAL</b> 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 29 / 50
	<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) <b>A. Michael Kaufmann</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 7160 Temperance Point St		Transaction ID: 072620070C82236
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 384.60
Name of Employer Cardinal Health, Inc	Occupation Group President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 879.20	Payroll Deduction: (192.3-0/Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Michael Kennedy</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 072620070C82297
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.98
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Sales Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.85	Payroll Deduction: (28.99-/Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Steven Koester</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 2122 Autumn Wood Dr		Transaction ID: 072620070C82216
City St Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations - Ellipticare	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (15.00-/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>472.58</b>
<b>TOTAL</b> 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 30 / 50
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Fred Kohut		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 824 Interlaken Lane		Transaction ID: 072620070C82211	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales	Payroll Deduction: (15.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Kubicek		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 443 Douglas		Transaction ID: 072620070C82289	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 50.90		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	Payroll Deduction: (25.45- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.75		

Full Name (Last, First, Middle Initial) <b>C.</b> Jeanne Lasheff		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 220 W Lincoln Ave		Transaction ID: 072620070C82209	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 29.76		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Enterprise It	Payroll Deduction: (14.88- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.66
<b>TOTAL</b> 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 31 / 50
	<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) <b>A.</b> Margaret Lavalle		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 9410 Culross Ct		<b>Transaction ID:</b> 072620070C82356	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
		Payroll Deduction: (50.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4868 Carrigan Ridge		<b>Transaction ID:</b> 072620070C82185	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 200.00		
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 ▼ 1050.43		
		Payroll Deduction: (100.0-0 /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> James Leitl		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 95 Arboretum Dr		<b>Transaction ID:</b> 072620070C82273	
City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 40.80		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, V Mueller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00		
		Payroll Deduction: (20.40- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.80
<b>TOTAL</b> 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 32 / 50
	<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) Eugene Long Mailing Address 51 Buckeye Dr City Powell State OH Zip Code 43065 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007 <b>Transaction ID:</b> 072620070C82354 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period )
Name of Employer: Cardinal Health, Inc Occupation: Svp, Strategy And Business Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Lynch Mailing Address 550 E Rosemary City Lake Forest State IL Zip Code 60045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007 <b>Transaction ID:</b> 072620070C82237 Amount of Each Receipt this Period 384.60 Receipt Payroll Deduction: (192.3-0 /Pay Period )
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 ▼ 2576.90		

<b>C.</b> Full Name (Last, First, Middle Initial) Donna Mann Mailing Address 6666 Mcvey Blvd City West Worthington State OH Zip Code 43235 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007 <b>Transaction ID:</b> 072620070C82277 Amount of Each Receipt this Period 44.00 Receipt Payroll Deduction: (22.00- /Pay Period )
Name of Employer: Cardinal Health, Inc Occupation: Dir, Hr Svc Delivery/transform Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>528.60</b>
<b>TOTAL</b> 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 33 / 50
	<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) <b>A.</b> Robin Martial		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1741 Haggin Grove W		Transaction ID: 072620070C82271	
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Sales & Mktg- Hlth Sy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction: (20.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 8001 Millenium Drive		Transaction ID: 072620070C82305	
City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period 63.46		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, R & D Infusion Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.22		
		Payroll Deduction: (31.73- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Lindy Mclean		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7272 Black Abbey Ct		Transaction ID: 072620070C82307	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 63.58		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Key Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.47		
		Payroll Deduction: (31.79- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	167.04
<b>TOTAL</b> 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 34 / 50
	<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) <b>A. Steven Merkin</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1481 Country Ln		<b>Transaction ID: 072620070C82328</b>	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 600.00		
		Payroll Deduction: (40.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Frederick Nelson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7303 Deacon Court		<b>Transaction ID: 072620070C82312</b>	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 74.54		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.05		
		Payroll Deduction: (37.27- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Michael Orscheln</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 601 Buckingham Pl		<b>Transaction ID: 072620070C82269</b>	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Ambulatory Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction: (20.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	194.54
<b>TOTAL</b> 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 35 / 50
	<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) Mark Overman Mailing Address 900 Wyndham Hill Ct City Southlake State TX Zip Code 76092 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 072620070C82226 Amount of Each Receipt this Period <table border="1"> <tr> <td>33.84</td> </tr> </table> Receipt Payroll Deduction: (16.92- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	7	33.84
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	6		2	0	0	7														
33.84																							
Name of Employer Cardinal Health, Inc Occupation Vp, Health Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>253.80</td> </tr> </table>		253.80																					
253.80																							

<b>B.</b> 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. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 072620070C82132 Amount of Each Receipt this Period <table border="1"> <tr> <td>2.00</td> </tr> </table> Receipt Payroll Deduction: (1.00- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	7	2.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	6		2	0	0	7														
2.00																							
Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>494.04</td> </tr> </table>		494.04																					
494.04																							

<b>C.</b> Full Name (Last, First, Middle Initial) Estate Of Donald Patterson Mailing Address 19463 West 52nd Dr. City Golden State CO Zip Code 80403 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 072620070C82205 Amount of Each Receipt this Period <table border="1"> <tr> <td>27.84</td> </tr> </table> Receipt Payroll Deduction: (13.92- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	7	27.84
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	6		2	0	0	7														
27.84																							
Name of Employer Cardinal Health, Inc Occupation Dir, Special Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>208.80</td> </tr> </table>		208.80																					
208.80																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>63.68</b>
<b>TOTAL</b> 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 36 / 50
	<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) <b>A. Thomas Perrine</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7249 Landon Lane		<b>Transaction ID: 072620070C82358</b>	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		
		Payroll Deduction: (50.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Kevin Peters</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 465 Fourth Fairway Dr		<b>Transaction ID: 072620070C82353</b>	
City State Zip Code Roswell GA 30076	Amount of Each Receipt this Period 100.14		
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 ▼ 751.05		
		Payroll Deduction: (50.07- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Aaron Pitts</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5014 Closeburn Ct		<b>Transaction ID: 072620070C82204</b>	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 26.92		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Bus Develop		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.90		
		Payroll Deduction: (13.46- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	227.06
<b>TOTAL</b> 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 37 / 50
	<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) <b>A. George Plava</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 3526 Pembroke Dr		<b>Transaction ID: 072620070C82378</b>	
City Richmond	State TX	Zip Code 77469	Amount of Each Receipt this Period 131.60
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 ▼ 987.00		
		Payroll Deduction: (65.80- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Kathy Popejoy</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 11127 W 59th Ave		<b>Transaction ID: 072620070C82274</b>	
City Arvada	State CO	Zip Code 80004	Amount of Each Receipt this Period 41.52
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Region Ops B		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.40		
		Payroll Deduction: (20.76- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. William Rampy</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 103 Foxglove Ln		<b>Transaction ID: 072620070C82369</b>	
City Bentonville	State AR	Zip Code 72712	Amount of Each Receipt this Period 103.82
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 ▼ 778.65		
		Payroll Deduction: (51.91- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	276.94
<b>TOTAL</b> 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 38 / 50
	<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

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**

Full Name (Last, First, Middle Initial) <b>A. Stephen Reardon</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5078 Breckenhurst Dr		<b>Transaction ID: 072620070C82259</b>	
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Qra	Payroll Deduction: (20.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Rhomberg</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 9379 Redan Court		<b>Transaction ID: 072620070C82266</b>	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Corp Marketing	Payroll Deduction: (20.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Sandra Rigopoulos</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 307 S Hi Lusi Ave		<b>Transaction ID: 072620070C82388</b>	
City Mt Prospect	State IL	Zip Code 60056	Amount of Each Receipt this Period 87.26
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Customer Solutions	Payroll Deduction: (87.26- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1221.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	167.26
<b>TOTAL</b> 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 39 / 50
	<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) <b>A.</b> Mark Rosenbaum		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 6565 Lockhart Lane		<b>Transaction ID:</b> 072620070C82241	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Pres, Ips Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2461.50		
		Payroll Deduction: (192.3-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Claudia Russell		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 5064 Seagrove Cove		<b>Transaction ID:</b> 072620070C82329	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 84.60		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Innovation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 617.58		
		Payroll Deduction: (42.30-/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> David Schlotterbeck		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 12 Hermitage Lane		<b>Transaction ID:</b> 072620070C82238	
City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Ceo, Clinical & Medical Pr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2053.80		
		Payroll Deduction: (192.3-0/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	853.80
<b>TOTAL</b> 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 40 / 50
	<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) <b>A. James Scott</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5893 Hunter Pl. Apartment D		<b>Transaction ID: 072620070C82179</b>	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Alternate Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		
		Payroll Deduction: (100.0-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Michael Scrase</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 8358 Davington		<b>Transaction ID: 072620070C82293</b>	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 54.76		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.70		
		Payroll Deduction: (27.38-/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Frank Segrave</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5371 Gordon Way		<b>Transaction ID: 072620070C82243</b>	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation President, Generics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1161.50		
		Payroll Deduction: (192.3-0/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	639.36
<b>TOTAL</b> 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 41 / 50
	<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) <b>A. Steven Seide</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 30 Nutmeg Ln		Transaction ID: 072620070C82223	
City North Andover	State MA	Zip Code 01845	Amount of Each Receipt this Period 32.30
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Reg Ambulatory Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.25		
		Payroll Deduction: (16.15- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Kendell Sherrer</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7720 Heatherwood Ln		Transaction ID: 072620070C82272	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 40.22
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Hr Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.65		
		Payroll Deduction: (20.11- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Jesse Sims</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 11014 Black Falls Ct		Transaction ID: 072620070C82364	
City Sugar Land	State TX	Zip Code 77478	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Service - Technical		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
		Payroll Deduction: (50.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	172.52
<b>TOTAL</b> 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 42 / 50
	<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 Stauffer		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 10644 Dundee Ct		<b>Transaction ID:</b> 072620070C82370	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 106.82		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	Payroll Deduction: (53.41- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 801.15		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Summers		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 146 Chasely Circle		<b>Transaction ID:</b> 072620070C82291	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 51.92		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Health Systems	Payroll Deduction: (25.96- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.40		

<b>C.</b> Full Name (Last, First, Middle Initial) Mary Jane Tew		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6315 Duffy Rd		<b>Transaction ID:</b> 072620070C82288	
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Field Sales Operations	Payroll Deduction: (25.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	208.74
<b>TOTAL</b> 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 43 / 50
	<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) <b>A.</b> Gordon Troup		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4627 Stockport Cir		<b>Transaction ID:</b> 072620070C82189	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Nuclear Pharmacy Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		
		Payroll Deduction: (100.0-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Ethan Trull		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2663 Marl Oak Dr		<b>Transaction ID:</b> 072620070C82225	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 32.48		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp And Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.60		
		Payroll Deduction: (16.24-/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Walsh		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 8722 Sweetwater Ct		<b>Transaction ID:</b> 072620070C82313	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 39.52		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.28		
		Payroll Deduction: (39.52-/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	272.00
<b>TOTAL</b> 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 44 / 50
	<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) <b>A.</b> Richard Walsh		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 8722 Sweetwater Ct		Transaction ID: 072620070C82591	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 41.50		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.78		
		Payroll Deduction: (41.50- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Walter		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 072620070C82233	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 384.04		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2880.30		
		Payroll Deduction: (192.0- 2/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Carole Watkins		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1967 Woodlands Place		Transaction ID: 072620070C82240	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chief Human Resources Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1361.50		
		Payroll Deduction: (192.3- 0/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	810.14
<b>TOTAL</b> 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 45 / 50
	<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)  
Rodney Whitmore

Mailing Address 7159 Drucilla St  
Nw

City Pickerington State OH Zip Code 43147

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 072620070C82187

Amount of Each Receipt this Period  
200.00

Receipt

Payroll Deduction: (100.0-0/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Dwight Winstead

Mailing Address 2540 Presidio Dr

City San Diego State CA Zip Code 92103

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

Name of Employer Cardinal Health, Inc Occupation Group President, Cts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 072620070C82242

Amount of Each Receipt this Period  
384.60

Receipt

Payroll Deduction: (192.3-0/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Deborah Wolin

Mailing Address 44 Lake Mist Drive

City Sugar Land State TX Zip Code 77479

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

Name of Employer Cardinal Health, Inc Occupation Counsel, Sr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 072620070C82263

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00-/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **624.60**

**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 46 / 50
	(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)  
Anthony Woo

Mailing Address 6151 Haddo Way

City State Zip Code  
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Svp, Corporate Development

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 206.94

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2007

Transaction ID: 072620070C82268

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**B.** 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 ▼ 1921.20

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2007

Transaction ID: 072620070C82201

Amount of Each Receipt this Period  
256.16

Receipt

Payroll Deduction: (128.0- 8/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>296.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12946.25</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 47 / 50	
	(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 ▼  
 4529.05

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2007

Transaction ID: 70716.C82130

Amount of Each Receipt this Period  
 683.00

Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>683.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>683.00</b>

**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) <b>A. Friends of Max Baucus</b>		Transaction ID: 071920070E966 Date of Disbursement 07 / 16 / 2007
Mailing Address P.O. Box 586		Amount of Each Disbursement this Period 2500.00
City Helena State MT Zip Code 59624-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT 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) <b>B. Diana DeGette for Congress</b>		Transaction ID: 072620070E972 Date of Disbursement 07 / 26 / 2007
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name DIANA L DEGETTE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	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>C. Hulshof for Congress</b>		Transaction ID: 072620070E968 Date of Disbursement 07 / 23 / 2007
Mailing Address 2501 Wisconsin Ave NW Apt 304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007-4543	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name KENNY CHARLES HULSHOF		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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) <b>A. Kirk for Congress</b>		Transaction ID: 072620070E969 Date of Disbursement 07 / 23 / 2007
Mailing Address 1707 Prince St Apt 5		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-2804	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MARK STEVEN KIRK		
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: IL District: 10		
Full Name (Last, First, Middle Initial) <b>B. Pallone for Congress</b>		Transaction ID: 072620070E970 Date of Disbursement 07 / 23 / 2007
Mailing Address P.O. Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch State NJ Zip Code 07740-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name FRANK JR PALLONE		
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: NJ District: 06		
Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy for Congress</b>		Transaction ID: 70716.E965 Date of Disbursement 07 / 11 / 2007
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-0214	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name EARL RALPH POMEROY		
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: ND District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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) <b>A. Pryce for Congress</b>		Transaction ID: 072620070E971 Date of Disbursement 07 / 26 / 2007	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name DEBORAH D. PRYCE	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>B. The Ramstad Volunteer Committee</b>		Transaction ID: 072620070E967 Date of Disbursement 07 / 20 / 2007	
Mailing Address 1809 Plymouth Road Suite 310B		Amount of Each Disbursement this Period 1000.00	
City Minnetonka State MN Zip Code 55305-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name JIM RAMSTAD	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	DIRECT CONTRIBUTION		

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

2000.00

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

10500.00