

# 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 04 01 2006 through 04 30 2006

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 05 03 2006

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**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		282080.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	326820.70									
(c) Total Receipts (from Line 19) .....	13867.76	62108.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	340688.46	344188.46								
7. Total Disbursements (from Line 31) .....	43500.00	47000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	297188.46	297188.46								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	8031.48	25522.80
(i) Itemized (use Schedule A) .....	4932.33	33589.04
(ii) Unitemized .....	12963.81	59111.84
(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) .....	12963.81	59111.84
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.) .....	903.95	2996.48
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)) .....	13867.76	62108.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13867.76	62108.32

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	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.....	28000.00	31500.00
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.....	15500.00	15500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43500.00	47000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	43500.00	47000.00

**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 .....	12963.81	59111.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12963.81	59111.84
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 / 42
	<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. Brooke Alexy</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 15401 Oak Pond Lane		Transaction ID: 60503.C73293	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 135.34		
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 609.03		
		Payroll Deduction: (67.67- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Charles Artillio</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 14 Teal Drive		Transaction ID: 60503.C73158	
City State Zip Code Langhorne PA 19047	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, Bus Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.76		
		Payroll Deduction: (20.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Cassandra Baker</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1672 Barrington Rd		Transaction ID: 60503.C73242	
City State Zip Code Upper Arlington OH 43221	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 Dir, State Govt Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.07		
		Payroll Deduction: (44.23- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	263.80
<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 7 / 42
	<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. Gregory Baumli</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 14566 Somerset Cir		Transaction ID: 60503.C73185	
City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 49.40		
FEC ID number of contributing federal political committee. C		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 ▼ 222.30		
		Payroll Deduction: (24.70- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Laurel Beeler</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1723 Eagle Trl		Transaction ID: 60503.C73187	
City State Zip Code Oxford MI 48371	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 Dir, Reg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		Payroll Deduction: (25.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. David Bergstrom</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 15 Kerby Lane		Transaction ID: 60503.C73182	
City State Zip Code Mendham NJ 07945-2901	Amount of Each Receipt this Period 49.02		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Gm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.59		
		Payroll Deduction: (24.51- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.42
<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 8 / 42
	<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> Robert Bergstrom		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 7425 Vista Del Mar		Transaction ID: 60503.C73189	
City State Zip Code La Jolla CA 92037	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 Svp, Gm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		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 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6895 Macneil Dr		Transaction ID: 60503.C73214	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 69.66		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.47		
		Payroll Deduction: (34.83- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy Boes		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 103 La Trobe Ct		Transaction ID: 60503.C73307	
City State Zip Code Southlake TX 76092	Amount of Each Receipt this Period 167.02		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Medication Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.59		
		Payroll Deduction: (83.51- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	286.68
<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 / 42
	<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 Bostick</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 1546 Vivaldi Drive		<b>Transaction ID:</b> 60503.C73239
City State Zip Code Cardiff CA 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 ▼ 360.00	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Anne Bouchoire</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 5772 Banavie Ct		<b>Transaction ID:</b> 60503.C73218
City State Zip Code Dublin OH 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 ▼ 333.00	Payroll Deduction: (37.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Mark Branday</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 55 Island Blvd		<b>Transaction ID:</b> 60503.C73202
City State Zip Code Fox Island WA 98333	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 58.96
Name of Employer Cardinal Health, Inc	Occupation Vp, Corp Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.32	Payroll Deduction: (29.48- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>212.96</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 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Cacciatore Mailing Address 3810 Loch Glen Court City State Zip Code Houston TX 77059 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73200 Amount of Each Receipt this Period 56.18 Receipt Payroll Deduction: (28.09- /Pay Period )
Name of Employer: Cardinal Health, Inc Occupation: Dir, Affairs - Counsel-regltry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.81		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Calhoun Mailing Address 5n496 W Lakeview Cir City State Zip Code St Charles IL 60175 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73198 Amount of Each Receipt this Period 54.14 Receipt Payroll Deduction: (27.07- /Pay Period )
Name of Employer: Cardinal Health, Inc Occupation: Svp, Pharma Dist Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.63		

<b>C.</b> Full Name (Last, First, Middle Initial) Mary Cooney Mailing Address 555 Front Street # 2301 City State Zip Code San Diego CA 92101 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73279 Amount of Each Receipt this Period 101.50 Receipt Payroll Deduction: (50.75- /Pay Period )
Name of Employer: Cardinal Health, Inc Occupation: Svp, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 456.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>211.82</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 11 / 42
	<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. Jody Davids</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 7638 Red Bay Court		Transaction ID: 60503.C73277
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Cardinal Health, Inc	Occupation Evp, Cio	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (50.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Ted Dibiase</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 4949 Chaddington Dr		Transaction ID: 60503.C73282
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 118.04
Name of Employer Cardinal Health, Inc	Occupation Vp, Mgmt Advice/counsel Ctr	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.18	Payroll Deduction: (59.02- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Gary Dolch</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 8382 Deep Run		Transaction ID: 60503.C73219
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
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 ▼ 337.50	Payroll Deduction: (37.50- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	293.04
<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 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
James Egan

Mailing Address 4650 Aberdeen Ave

City State Zip Code  
Dublin OH 43016

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

Name of Employer Cardinal Health, Inc Occupation Svp, Enterprise It

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60503.C73193

Amount of Each Receipt this Period  
51.36

Receipt

Payroll Deduction: (25.68- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Eric Ellingson

Mailing Address 1308 Dancer Ct

City State Zip Code  
Libertyville IL 60048

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

Name of Employer Cardinal Health, Inc Occupation Dir, R&amp;d

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60503.C73195

Amount of Each Receipt this Period  
52.30

Receipt

Payroll Deduction: (26.15- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Richard Epstein

Mailing Address 1927 Sheridan Rd

City State Zip Code  
Buffalo Grove IL 60089

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

Name of Employer Cardinal Health, Inc Occupation Vp/gm, V Mueller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 164.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60503.C73176

Amount of Each Receipt this Period  
20.60

Receipt

Payroll Deduction: (20.60- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.26
<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 13 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Epstein		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1927 Sheridan Rd		Transaction ID: 60503.C73387
City Buffalo Grove	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.30
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, V Mueller	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.10	Payroll Deduction: (10.30- /Pay Period )

Full Name (Last, First, Middle Initial) B. Richard Epstein		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1927 Sheridan Rd		Transaction ID: 60503.C73547
City Buffalo Grove	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.63
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, V Mueller	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.73	Payroll Deduction: (38.63- /Pay Period )

Full Name (Last, First, Middle Initial) C. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1163 Vineyard Dr		Transaction ID: 60503.C73243
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 89.56
Name of Employer Cardinal Health, Inc	Occupation Svp, Human Resources	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.02	Payroll Deduction: (44.78- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	138.49
<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 / 42
	<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) Ivan Fong		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 3 Cherry Lane		<b>Transaction ID:</b> 60503.C73186	
City State Zip Code Westport CT 06880		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 Evp, Clo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
		Payroll Deduction: (25.00- /Pay Period )	

<b>B.</b> Full Name (Last, First, Middle Initial) Brendan Ford		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 798 Tweed Court		<b>Transaction ID:</b> 60503.C73067	
City State Zip Code Worthington OH 43085		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, Corp Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	
		Payroll Deduction: (100.0- 0/Pay Period )	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 7471 Balfoure Circle		<b>Transaction ID:</b> 60503.C73221	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 77.12	
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 347.04	
		Payroll Deduction: (38.56- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>327.12</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 15 / 42
	<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)  
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, Hlth Sys

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.17

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60503.C73194

Amount of Each Receipt this Period  
52.26

Receipt

Payroll Deduction: (26.13- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Debra Hadley

Mailing Address 2698 Berwyn Road

City State Zip Code  
Columbus OH 43221

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

Name of Employer Cardinal Health, Inc Occupation Dir, Community Aff/ Contribute

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60503.C73208

Amount of Each Receipt this Period  
60.00

Receipt

Payroll Deduction: (30.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
L Glenn Hall

Mailing Address 12320 Alameda Trace Circle #1502

City State Zip Code  
Austin TX 78727

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

Name of Employer Cardinal Health, Inc Occupation Vp, Gm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60503.C73201

Amount of Each Receipt this Period  
58.52

Receipt

Payroll Deduction: (29.26- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.78
<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 / 42
	<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 Hartman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 7677 Tartan Fields Dr		<b>Transaction ID:</b> 60503.C73310	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 177.40	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Evp, Corp Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 798.30	
		Payroll Deduction: (88.70- /Pay Period )	

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Harty		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1761 Roxbury Rd		<b>Transaction ID:</b> 60503.C73069	
City State Zip Code Columbus OH 43212		Amount of Each Receipt this Period 206.90	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Svp, Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 931.05	
		Payroll Deduction: (103.4- 5/Pay Period )	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Heard		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 415 Misty Manor		<b>Transaction ID:</b> 60503.C73188	
City State Zip Code Houston TX 77094		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, Corp Health Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	434.30
<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 17 / 42
	<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 Hethcox</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 5442 Haverhill Drive		Transaction ID: 60503.C73212
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 Vp, Ctr Med Safe/clin Imprv	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.21	Payroll Deduction: (32.69- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Robin Hoke</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 2134 Yorkshire Road		Transaction ID: 60503.C73222
City Columbus	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.12
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Initiatives	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.28	Payroll Deduction: (39.56- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Stephen Inacker</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 1490 S Ridge Rd		Transaction ID: 60503.C73191
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.36
Name of Employer Cardinal Health, Inc	Occupation Pres, Hosp Supply Dist	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.62	Payroll Deduction: (25.18- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	194.86
<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 / 42
	<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. Stephen Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 360 Ormond St Se		<b>Transaction ID: 60503.C73196</b>	
City Atlanta	State GA	Zip Code 30315	Amount of Each Receipt this Period 52.52
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Distribution Srvc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.34		
Payroll Deduction: (26.26- /Pay Period )			

Full Name (Last, First, Middle Initial) <b>B. Remi Kajogbola</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 15751 Sheridan St #149		<b>Transaction ID: 60503.C73246</b>	
City Fort Lauderdale	State FL	Zip Code 33331	Amount of Each Receipt this Period 99.74
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Rvp, Corporate Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.83		
Payroll Deduction: (49.87- /Pay Period )			

Full Name (Last, First, Middle Initial) <b>C. Michael Kennedy</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 4783 Vista Ridge Dr		<b>Transaction ID: 60503.C73199</b>	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 55.74
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.83		
Payroll Deduction: (27.87- /Pay Period )			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	208.00
<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 19 / 42
	<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 Kopp</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 4050 Whispering Pines Court		<b>Transaction ID: 60503.C73192</b>	
City State Zip Code Suwanee GA 30024	Amount of Each Receipt this Period 50.76		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.42		
		Payroll Deduction: (25.38- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Joseph Kubicek</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 443 Douglas		<b>Transaction ID: 60503.C73183</b>	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 49.18		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.53		
		Payroll Deduction: (24.59- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Ronald Labrum</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1325 Canterbury Cir		<b>Transaction ID: 60503.C73079</b>	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 232.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chmn/ceo, Supply Chain Srvcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1044.00		
		Payroll Deduction: (116.0- 0/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	331.94
<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 20 / 42
	<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> Frank Lafasto		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1451 S Kurtis Lane		Transaction ID: 60503.C73087	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 246.08	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Org Effectiveness		Payroll Deduction: (123.0-4/Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1107.36	

Full Name (Last, First, Middle Initial) <b>B.</b> Clay Lassiter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 2023 Cannonbury Lane		Transaction ID: 60503.C73181	
City State Zip Code Richmond TX 77469		Amount of Each Receipt this Period 48.24	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Operations		Payroll Deduction: (24.12-/Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 209.85	

Full Name (Last, First, Middle Initial) <b>C.</b> Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 4868 Carrigan Ridge		Transaction ID: 60503.C73245	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 99.66	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Retail Marketing		Payroll Deduction: (49.83-/Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 448.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	393.98
<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 21 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Leo Mailing Address 7707 Oakridge Court City State Zip Code Crystal Lake IL 60012 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73275 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period )
Name of Employer Cardinal Health, Inc Occupation Pres, Group - Pts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Lynch Mailing Address 550 E Rosemary City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73102 Amount of Each Receipt this Period 298.56 Receipt Payroll Deduction: (149.2- 8/Pay Period )
Name of Employer Cardinal Health, Inc Occupation Group Pres, Mfg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1343.52		

<b>C.</b> Full Name (Last, First, Middle Initial) Samuel Manzanares Mailing Address 1205 Brown Ridge City State Zip Code El Paso TX 79912 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73295 Amount of Each Receipt this Period 7.24 Receipt Payroll Deduction: (7.24/- Pay Period )
Name of Employer Cardinal Health, Inc Occupation Vp, Qlty Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>405.80</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 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Samuel Manzanares</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1205 Brown Ridge		<b>Transaction ID: 60503.C73281</b>	
City State Zip Code El Paso TX 79912		Amount of Each Receipt this Period 107.70	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Qlty Ops		Payroll Deduction: (53.85- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 448.45	

Full Name (Last, First, Middle Initial) <b>B. Janice Mccampbell</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 8001 Millenium Drive		<b>Transaction ID: 60503.C73092</b>	
City State Zip Code Raleigh NC 27614		Amount of Each Receipt this Period 13.81	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Dir, Engineering - Disposables		Payroll Deduction: (13.81- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 196.17	

Full Name (Last, First, Middle Initial) <b>C. Janice Mccampbell</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 8001 Millenium Drive		<b>Transaction ID: 60503.C73524</b>	
City State Zip Code Raleigh NC 27614		Amount of Each Receipt this Period 27.63	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Dir, Engineering - Disposables		Payroll Deduction: (27.63- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 223.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	149.14
<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 23 / 42
	<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) Lindy Mclean Mailing Address 7272 Black Abbey Ct City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73211 Amount of Each Receipt this Period 61.28 Receipt Payroll Deduction: (30.64- /Pay Period )
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 ▼ 275.76		

<b>B.</b> Full Name (Last, First, Middle Initial) Jose Mejorado Mailing Address 7656 Dianjou Dr. City El Paso State TX Zip Code 79912 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73203 Amount of Each Receipt this Period 59.52 Receipt Payroll Deduction: (29.76- /Pay Period )
Name of Employer Cardinal Health, Inc Occupation Vp, Mfg Convertors Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 267.84		

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Mitchell Mailing Address 6604 Cresent Lake Dr City Lakeland State FL Zip Code 33813 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 60503.C73213 Amount of Each Receipt this Period 65.48 Receipt Payroll Deduction: (32.74- /Pay Period )
Name of Employer Cardinal Health, Inc Occupation Vp, Health Systems - Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.66		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>186.28</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 24 / 42
	<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. Robert Myers</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address Po Box 230 Cardinal (mps) Expat		Transaction ID: 60503.C73315	
City State Zip Code Waukegan IL 60079		Amount of Each Receipt this Period 193.64	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Gmd & Ceo, Singapore		Payroll Deduction: (96.82- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 871.38	

Full Name (Last, First, Middle Initial) <b>B. Frederick Nelson</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 7303 Deacon Court		Transaction ID: 60503.C73216	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 72.02	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Services		Payroll Deduction: (36.01- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 324.09	

Full Name (Last, First, Middle Initial) <b>C. William Owad</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 7558 Heatherwood Ln		Transaction ID: 60503.C73298	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 155.76	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence		Payroll Deduction: (77.88- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	421.42
<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 25 / 42
	<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> Joseph Papa		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address One Deerhill Rd		Transaction ID: 60503.C73070
City	State	Zip Code
Chester	NJ	07930
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 215.46
Name of Employer Cardinal Health, Inc	Occupation Chairman/ceo, Pts	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 969.57	Payroll Deduction: (107.7-3/Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin Peters		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 465 Fourth Fairway Drive		Transaction ID: 60503.C73244
City	State	Zip Code
Roswell	GA	30076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 95.64
Name of Employer Cardinal Health, Inc	Occupation Svp, Corp Health Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.38	Payroll Deduction: (47.82-/Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> George Plava		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 3526 Pembroke Dr		Transaction ID: 60503.C73292
City	State	Zip Code
Richmond	TX	77469
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 131.60
Name of Employer Cardinal Health, Inc	Occupation Pres, Pharmacy Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.20	Payroll Deduction: (65.80-/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	442.70
<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 / 42
	<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. William Rampy</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 103 Foxglove Ln		Transaction ID: 60503.C73278	
City State Zip Code Bentonville AR 72712	Amount of Each Receipt this Period 100.96		
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 ▼ 252.40		
		Payroll Deduction: (50.48- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Sandra Rigopoulos</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 307 S Hi Lusi Ave		Transaction ID: 60503.C73306	
City State Zip Code Mt Prospect IL 60056	Amount of Each Receipt this Period 166.20		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Vendor Mgmt & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.90		
		Payroll Deduction: (83.10- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Ali Rizvi</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 7740 Crenshaw Way		Transaction ID: 60503.C73210	
City State Zip Code Las Vegas NV 89129	Amount of Each Receipt this Period 30.51		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm - Cardinal West		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.08		
		Payroll Deduction: (30.51- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	297.67
<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 27 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Rosenbaum		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6565 Lockhart Lane		<b>Transaction ID:</b> 60503.C73101	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 286.62		
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 ▼ 1289.79		
		Payroll Deduction: (143.3-1/Pay Period)	

<b>B.</b> Full Name (Last, First, Middle Initial) Claudia Russell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 5064 Seagrove Cove		<b>Transaction ID:</b> 60503.C73241	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 81.74		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Mktg - Strategic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.83		
		Payroll Deduction: (40.87-/Pay Period)	

<b>C.</b> Full Name (Last, First, Middle Initial) James Saponaro		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 9392 Redan Court		<b>Transaction ID:</b> 60503.C73309	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 173.16		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Business Units- Retail		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 779.22		
		Payroll Deduction: (86.58-/Pay Period)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	541.52
<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 / 42
	<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. Richard Schindewolf</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 6507 Burning Tree		<b>Transaction ID:</b> 60503.C73209
City Mchenry	State IL	Zip Code 60050
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 60.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction: (30.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. David Schlotterbeck</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 12 Hermitage Lane		<b>Transaction ID:</b> 60503.C73068
City Laguna Niguel	State CA	Zip Code 92677
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 Pres/ceo	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	Payroll Deduction: (100.0- 0/Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Michael Scrase</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 8358 Davington		<b>Transaction ID:</b> 60503.C73197
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 53.04
Name of Employer Cardinal Health, Inc	Occupation Dir, Vendor Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.68	Payroll Deduction: (26.52- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>313.04</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 29 / 42
	<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. Jesse Sims</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 11014 Black Falls Ct		<b>Transaction ID: 60503.C73276</b>	
City State Zip Code Sugar Land TX 77478	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 Mgr, Service - Technical		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		Payroll Deduction: (50.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Cornell Stamoran</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 3 Matrick Court		<b>Transaction ID: 60503.C73291</b>	
City State Zip Code Hillsborough NJ 08844	Amount of Each Receipt this Period 129.24		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Bus Process		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.58		
		Payroll Deduction: (64.62- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Mark Stauffer</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 10644 Dundee Ct		<b>Transaction ID: 60503.C73280</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 102.72		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.24		
		Payroll Deduction: (51.36- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	331.96
<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 / 42
	<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> Joseph Strack		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 29420 Cambridge Ct		<b>Transaction ID:</b> 60503.C73217
City Agoura Hills	State CA	Zip Code 91301
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 Rvp, Distribution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	Payroll Deduction: (37.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Stuart		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 2 Jonah Ct Po Box 615		<b>Transaction ID:</b> 60503.C73215
City Peapack	State NJ	Zip Code 07977
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer Cardinal Health, Inc	Occupation Pres, Oral Technologies	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	Payroll Deduction: (35.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Summers		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 146 Chasely Circle		<b>Transaction ID:</b> 60503.C73184
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 49.24
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales - Healthsystems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.58	Payroll Deduction: (24.62- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	193.24
<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 / 42
	<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. Mary Jane Tew</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6315 Duffy Rd		Transaction ID: 60503.C73190	
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, Sales - Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		Payroll Deduction: (25.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Richard Walsh</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 8722 Sweetwater Ct		Transaction ID: 60503.C73220	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 76.12		
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 ▼ 342.54		
		Payroll Deduction: (38.06- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Robert Walter</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 60503.C73128	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 384.04		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Chairman/ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.18		
		Payroll Deduction: (192.0- 2/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	510.16
<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 / 42
	<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. Carole Watkins</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1967 Woodlands Place		<b>Transaction ID: 60503.C73240</b>	
City State Zip Code Powell OH 43065		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 Evp, Human Resources		Payroll Deduction: (40.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Curt Witte</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6724 Perimeter Loop Rd #232		<b>Transaction ID: 60503.C73308</b>	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 171.28	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Mktg - Alt Care		Payroll Deduction: (85.64- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 770.76	

Full Name (Last, First, Middle Initial) <b>C. Connie Woodburn</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 9761 Erin Woods Dr		<b>Transaction ID: 60503.C73088</b>	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 246.82	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Prof & Gov't Rel		Payroll Deduction: (123.4- 1/Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1110.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	498.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8031.48

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 42	
	(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.

Name of Employer Occupation  
 Bank

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Transaction ID: 60503.C72990

Amount of Each Receipt this Period

Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="903.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="903.95"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 42

<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. Pioneer PAC</b>		<b>Transaction ID:</b> 60503.E704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 412 First Street, Se Suite 100		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) <b>B. LEE PAC</b>		<b>Transaction ID:</b> 60503.E705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 2875 Towerview Road Suite 1000		Amount of Each Disbursement this Period 5000.00
City Herndon State VA Zip Code 20171-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) <b>C. Ohio Victory Committee</b>		<b>Transaction ID:</b> 60503.E708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 211 South 5th Street		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43215-	Category/ Type  DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<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)

<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. Mike Dewine for U.S. Senate</b>		<b>Transaction ID: 60503.E710</b> Date of Disbursement 04 / 26 / 2006
Mailing Address 250 E. Broad Street Suite 16		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name RICHARD MICHAEL DEWINE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. Citizens for Gillmor</b>		<b>Transaction ID: 60503.E702</b> Date of Disbursement 04 / 20 / 2006
Mailing Address 217 Third Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name PAUL E GILLMOR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. Hastert for Congress Committee</b>		<b>Transaction ID: 60503.E701</b> Date of Disbursement 04 / 20 / 2006
Mailing Address 335 North River Suite 203		Amount of Each Disbursement this Period 5000.00
City Batavia State IL Zip Code 60510-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<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)

PAGE 36 / 42

<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. J.D. Hayworth for Congress</b>		Transaction ID: 60503.E709 Date of Disbursement 04 / 21 / 2006	
Mailing Address P.O. Box 14273		Amount of Each Disbursement this Period 1000.00	
City Scottsdale	State AZ	Zip Code 85267-	Category/ Type  DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Candidate Name J D HAYWORTH	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: AZ District: 05			

Full Name (Last, First, Middle Initial) <b>B. Santorum 2006</b>		Transaction ID: 60503.E707 Date of Disbursement 04 / 21 / 2006	
Mailing Address 1203 Portner Road		Amount of Each Disbursement this Period 500.00	
City Alexandria	State VA	Zip Code 22314-	Category/ Type  DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Candidate Name RICHARD J SANTORUM	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 00			

Full Name (Last, First, Middle Initial) <b>C. Americas Foundation</b>		Transaction ID: 60503.E706 Date of Disbursement 04 / 21 / 2006	
Mailing Address 1203 Portner Road		Amount of Each Disbursement this Period 4500.00	
City Alexandria	State VA	Zip Code 22314-	Category/ Type  DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER			
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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)

PAGE 37 / 42

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

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

Full Name (Last, First, Middle Initial)  
**A. Whitfield for Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
ED WHITFIELD

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 60503.E703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Ohio House Republican Campaign Cmte</b>		<b>Transaction ID: 60503.E718</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 100 East Broad Street Suite 2225		Amount of Each Disbursement this Period 3500.00
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Austria</b>		<b>Transaction ID: 60503.E723</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2537 Obetz Drive		Amount of Each Disbursement this Period 500.00
City Dayton State OH Zip Code 45434-		
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Committee for Larry Flowers</b>		<b>Transaction ID: 60503.E720</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 14 E. Gay Street 2nd Floor		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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)

PAGE 39 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Gardner</b>		<b>Transaction ID:</b> 60503.E713 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 431 N. Prospect Street		Amount of Each Disbursement this Period 500.00
City Bowling Green State OH Zip Code 43402-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect David Goodman</b>		<b>Transaction ID:</b> 60503.E722 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 7250 Talanth Place		Amount of Each Disbursement this Period 1000.00
City New Albany State OH Zip Code 43054-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Hayes</b>		<b>Transaction ID:</b> 60503.E712 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 5826 Beaver Run Road, SW		Amount of Each Disbursement this Period 500.00
City Pataskala State OH Zip Code 43062-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Committee for Jim Hughes</b>		<b>Transaction ID:</b> 60503.E716 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 14 E. Gay Street		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 48215-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Husted for Ohio</b>		<b>Transaction ID:</b> 60503.E717 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 100 East Broad Street Suite 2225		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Brant Luther</b>		<b>Transaction ID:</b> 60503.E711 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 770 N. Lincoln Avenue		Amount of Each Disbursement this Period 500.00
City Alliance State OH Zip Code 44601-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends of C.J. Prentiss</b>		<b>Transaction ID: 60503.E715</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 813 East Boulevard		Amount of Each Disbursement this Period 1500.00
City Cleveland State OH Zip Code 44108-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Tom Roberts</b>		<b>Transaction ID: 60503.E714</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 131 Wilkinson Street		Amount of Each Disbursement this Period 500.00
City Dayton State OH Zip Code 45402-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Senator Spada</b>		<b>Transaction ID: 60503.E721</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 5962 Royalwood Road		Amount of Each Disbursement this Period 1000.00
City North Royalton State OH Zip Code 44133-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Wagoner</b>		<b>Transaction ID:</b> 60503.E724 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 3331 Pelham Road		<b>Amount of Each Disbursement this Period</b> 1000.00
City Toledo State OH Zip Code 43606-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Citizens for White</b>		<b>Transaction ID:</b> 60503.E719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 4744 Bokay Drive		<b>Amount of Each Disbursement this Period</b> 1000.00
City Kettering State OH Zip Code 45440-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	15500.00