

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 08 01 2007 through 08 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer JAMES W. HOEBERLING

Signature of Treasurer Electronically Filed by JAMES W. HOEBERLING Date 10 09 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		179267.79
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	191302.30									
(c) Total Receipts (from Line 19)	25081.66	119616.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216383.96	298883.96								
7. Total Disbursements (from Line 31)	3565.00	86065.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	212818.96	212818.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21590.92	75682.82
(i) Itemized (use Schedule A)	2782.40	38695.96
(ii) Unitemized	24373.32	114378.78
(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)	24373.32	114378.78
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.)	708.34	5237.39
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))	25081.66	119616.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25081.66	119616.17

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3065.00	3065.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3065.00	3065.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	44000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	39000.00
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))..	3565.00	86065.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3565.00	86065.00

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)	24373.32	114378.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24373.32	114378.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3065.00	3065.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3065.00	3065.00

**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 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Steven Adams		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 2811 Autumn Lake Dr		Transaction ID: 70905.C82818
City Katy State TX Zip Code 77450	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 86.55
Name of Employer Cardinal Health, Inc Occupation Pres, Pharmacy Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 201.95		Payroll Deduction: (28.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. Brooke Alexy		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 15401 Oak Pond Lane		Transaction ID: 70905.C82907
City Libertyville State IL Zip Code 60048	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 161.54
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) ▼	Receipt
Aggregate Year-to-Date ▼ 1277.87		Payroll Deduction: (80.77- /Pay Period)

Full Name (Last, First, Middle Initial) C. Brooke Alexy		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
Mailing Address 15401 Oak Pond Lane		Transaction ID: 70905.C83166
City Libertyville State IL Zip Code 60048	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -80.77
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) ▼	Receipt
Aggregate Year-to-Date ▼ 1197.10		Payroll Deduction: (-80.7- 7/Pay Period)

SUBTOTAL of Receipts This Page (optional)	167.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 55
	<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)
David Anderson

Mailing Address 15917 Willis Way

City State Zip Code
Woodbine MD 21797

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

Name of Employer Cardinal Health, Inc Occupation Svp/gm, Hsp Mkt & Innov St

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 623.83

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82892

Amount of Each Receipt this Period
173.07

Receipt

Payroll Deduction: (57.69- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City State Zip Code
Dublin OH 43017-8084

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

Name of Employer Cardinal Health, Inc Occupation Dir, Finance Systems

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 399.24

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82800

Amount of Each Receipt this Period
66.54

Receipt

Payroll Deduction: (22.18- /Pay Period)

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

Mailing Address 1672 Barrington Rd

City State Zip Code
Upper Arlington OH 43221

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

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

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 805.80

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82794

Amount of Each Receipt this Period
40.80

Receipt

Payroll Deduction: (20.40- /Pay Period)

SUBTOTAL of Receipts This Page (optional) **280.41**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<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)
James Barker

Mailing Address 2761 Skelton Ln

City State Zip Code
Blacklick OH 43004

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

Name of Employer Cardinal Health, Inc Occupation Vp, Purchasing - Gbl Supp Sol

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82804

Amount of Each Receipt this Period
75.00

Receipt

Payroll Deduction: (25.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Gregory Baumli

Mailing Address 14566 Somerset Cir

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Cardinal Health, Inc Occupation Svp, Manufacturing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.26

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82812

Amount of Each Receipt this Period
76.71

Receipt

Payroll Deduction: (25.57- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Johnni Beckel

Mailing Address 3680 Nicoya Court

City State Zip Code
Lewis Center OH 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82699

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **451.71**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Laurel Beeler		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1723 Eagle Trl		Transaction ID: 70905.C82805	
City Oxford	State MI	Zip Code 48371	Amount of Each Receipt this Period 75.00
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 ▼ 450.00		
		Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Porter Bertelson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 6895 Macneil Dr		Transaction ID: 70905.C82832	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 108.69
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Hospital Pharma Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.14		
		Payroll Deduction: (36.23- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Shelley Bird		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7998 Caraway Ave		Transaction ID: 70905.C82697	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp,communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	483.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy Boes		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 103 La Trobe Ct		Transaction ID: 70905.C82908
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 259.29	
Name of Employer Cardinal Health, Inc	Occupation Svp, Medication Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1555.74	Payroll Deduction: (86.43- /Pay Period)

Full Name (Last, First, Middle Initial) B. Scott Bostick		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 1546 Vivaldi Drive		Transaction ID: 70905.C82848
City Cardiff	State CA	Zip Code 92007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm-supply Chain Solution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Anne Bouchenoire		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 5772 Banavie Ct		Transaction ID: 70905.C82833
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	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 ▼ 629.00	Payroll Deduction: (37.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	453.29
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55
	<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. Mark Branday		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 55 Island Blvd		Transaction ID: 70905.C82830	
City State Zip Code Fox Island WA 98333	Amount of Each Receipt this Period 95.55		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 573.30		
		Payroll Deduction: (31.85- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michael Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 3103 Saddle Ridge		Transaction ID: 70905.C82730	
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 42.69		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Pharm Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.14		
		Payroll Deduction: (14.23- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Thomas Burke		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 21 Parsons Drive		Transaction ID: 70905.C82798	
City State Zip Code Swampscott MA 01907	Amount of Each Receipt this Period 63.87		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Supply Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.22		
		Payroll Deduction: (21.29- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	202.11
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 55
	<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. Charles Burwell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 4125 Via Cangrejo		Transaction ID: 70905.C82885	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stacy Butterfield		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 5151 Woodbridge Dr		Transaction ID: 70905.C82881	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation SVP, Global Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Gary Cacciatore		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 3810 Loch Glen Court		Transaction ID: 70905.C82828	
City State Zip Code Houston TX 77059	Amount of Each Receipt this Period 95.19		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.29		
		Payroll Deduction: (31.73- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	395.19
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<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)
 Thomas Calhoun

Mailing Address 5n496 W Lakeview Cir

City State Zip Code
 St Charles IL 60175

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

Name of Employer Cardinal Health, Inc Occupation Svp, Warehouse Distribution

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 505.44

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82816

Amount of Each Receipt this Period
 84.24

Receipt

Payroll Deduction: (28.08- /Pay Period)

B. Full Name (Last, First, Middle Initial)
 Steven Callison

Mailing Address 1368 Lincoln Road

City State Zip Code
 Columbus OH 43212

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

Name of Employer Cardinal Health, Inc Occupation Blackbelt - Vp, Enterprise It

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 264.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82731

Amount of Each Receipt this Period
 44.10

Receipt

Payroll Deduction: (14.70- /Pay Period)

C. Full Name (Last, First, Middle Initial)
 Anthony Caprio

Mailing Address 6 Cottage Lane

City State Zip Code
 Marlboro NJ 07746

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

Name of Employer Cardinal Health, Inc Occupation Evp, Ips Sales Ne

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82698

Amount of Each Receipt this Period
 300.00

Receipt

Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **428.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Debra Caravelli		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 4862 Vista Ridge Dr		Transaction ID: 70905.C82797	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 63.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Service Deliv/vend Mgm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		
		Payroll Deduction: (21.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Kerry Clark		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8515 Fox Cub Lane		Transaction ID: 70905.C82760	
City State Zip Code Cincinnati OH 45243	Amount of Each Receipt this Period 576.90		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation President/ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40		
		Payroll Deduction: (192.3- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Jack Coffey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8191 Winchcombe Dr		Transaction ID: 70905.C82705	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	939.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 55
	<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. Douglas Cones		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7		
Mailing Address 4826 Macallan Court West		Transaction ID: 70905.C82751		
City State Zip Code Dublin OH 43017-8269	Amount of Each Receipt this Period 55.98		Receipt Payroll Deduction: (18.66- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Finance	Aggregate Year-to-Date ▼ 335.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Mary Cooney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7		
Mailing Address 2211 Briarglen #507		Transaction ID: 70905.C82711		
City State Zip Code Houston TX 77027	Amount of Each Receipt this Period 300.00		Receipt Payroll Deduction: (100.0- 0/Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner	Aggregate Year-to-Date ▼ 1132.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Bonita Court		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7		
Mailing Address 1306 Downs Parkway		Transaction ID: 70905.C82801		
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 66.99		Receipt Payroll Deduction: (22.33- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Sr Mgr, Sls & Mktg	Aggregate Year-to-Date ▼ 401.94		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	422.97
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Leland Cox		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 43 N Ohio Ave		Transaction ID: 70905.C82709	
City State Zip Code Columbus OH 43203	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, National Chain Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. John Cullivan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1 Miranova Place #910		Transaction ID: 70905.C82742	
City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 461.55		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.80		
		Payroll Deduction: (153.8-5/Pay Period)	

Full Name (Last, First, Middle Initial) C. Jody Davids		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7638 Red Bay Court		Transaction ID: 70905.C82889	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Global Shared Svc & C		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
		Payroll Deduction: (50.00-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	911.55
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 55
	<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. Ronald Dedels		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8371 Dolman Drive		Transaction ID: 70905.C82743	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 48.21		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.26		
		Payroll Deduction: (16.07- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Derleth		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1510 Woodvale Ave		Transaction ID: 70905.C82883	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Ips Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Ted Dibiase		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8103 Catalina Island Drive		Transaction ID: 70905.C82898	
City State Zip Code Katy TX 77494	Amount of Each Receipt this Period 183.60		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Advice & Counsel Ctr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1101.60		
		Payroll Deduction: (61.20- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	381.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 55
	<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. Kurt Dieck		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7037 Lake Trail Dr		Transaction ID: 70905.C82704	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategy & Bus Dev -		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Gary Dolch		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8382 Deep Run		Transaction ID: 70905.C82755	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 576.90
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1930.70		
		Payroll Deduction: (192.3-0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Michele Donatich		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 520 Penny Lane		Transaction ID: 70905.C82719	
City Grayslake	State IL	Zip Code 60030	Amount of Each Receipt this Period 35.70
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Qlty Sys		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.20		
		Payroll Deduction: (11.90-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	912.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 5369 Lake Shore Ave

City State Zip Code
Westerville OH 43082

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

Name of Employer Cardinal Health, Inc Occupation Vp, Enviro Health & Safety

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 272.34

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82741

Amount of Each Receipt this Period
45.39

Receipt

Payroll Deduction: (15.13- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Joel Efken

Mailing Address 109 Avalon Valley Ln

City State Zip Code
Fenton MO 63026

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

Name of Employer Cardinal Health, Inc Occupation Dir, Finance Solutions

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 216.00

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82721

Amount of Each Receipt this Period
36.00

Receipt

Payroll Deduction: (12.00- /Pay Period)

C. 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 478.26

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82814

Amount of Each Receipt this Period
79.71

Receipt

Payroll Deduction: (26.57- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	161.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 55
	<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) Gary Ellis Mailing Address 6146 Balmoral Drive City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Transaction ID: 70905.C82707 Amount of Each Receipt this Period 300.00 Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Branded Purchasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

B. Full Name (Last, First, Middle Initial) Sue Ellen Erickson Mailing Address 21 Springfield 1a City State Zip Code Cranford NJ 07016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Transaction ID: 70905.C82746 Amount of Each Receipt this Period 48.48 Receipt Payroll Deduction: (16.16-/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Mgr Ii, Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.88		

C. Full Name (Last, First, Middle Initial) Leeann Evensen Mailing Address 1423 Shady Valley City State Zip Code Sugar Land TX 77479 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Transaction ID: 70905.C82738 Amount of Each Receipt this Period 45.00 Receipt Payroll Deduction: (15.00-/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Mgr, Application & Support Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional)	393.48
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brik Eyre		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 716 Paradise Ln		Transaction ID: 70905.C82809	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Presource Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		
		Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stephen Falk		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 2480 Sandover Rd		Transaction ID: 70905.C82702	
City State Zip Code Columbus OH 43220	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp & General Counsel		
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) C. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1163 Vineyard Dr		Transaction ID: 70905.C82853	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 139.05		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.30		
		Payroll Deduction: (46.35- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	514.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 55
	<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. Nathaniel Filler		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 7639 Presidium Loop		Transaction ID: 70905.C82733	
City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Gov't Relations - St		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		
		Payroll Deduction: (15.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stephen Flannery		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 275 East Center St		Transaction ID: 70905.C82749	
City State Zip Code Shavertown PA 18708	Amount of Each Receipt this Period 52.98		
FEC ID number of contributing federal political committee. C		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 ▼ 316.04		
		Payroll Deduction: (17.66- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Ivan Fong		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 21 S. Parkview Ave.		Transaction ID: 70905.C82756	
City State Zip Code Columbus OH 43209	Amount of Each Receipt this Period 576.90		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chief Legal Officer & Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70		
		Payroll Deduction: (192.3- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	674.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 55
	<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) A. Brendan Ford		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 798 Tweed Court		Transaction ID: 70905.C82701
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Evp, Corp Dev	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	Payroll Deduction: (100.0-0/Pay Period)

Full Name (Last, First, Middle Initial) B. Elizabeth Ford		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 2262 Yorkshire Road		Transaction ID: 70905.C82882
City Upper Arlington	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Legal Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Payroll Deduction: (50.00-/Pay Period)

Full Name (Last, First, Middle Initial) C. David Fries		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 4491 Hickory Rock Dr		Transaction ID: 70905.C82735
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Order To Cash Program	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction: (15.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	395.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 55
	<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) Edmund Fry		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1 Miranova Pl. Apt. 2040		Transaction ID: 70905.C82710	
City Columbus	State OH	Amount of Each Receipt this Period 300.00	
Zip Code 43215		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (100.0-0/Pay Period)	
Name of Employer Cardinal Health, Inc	Occupation Svp, Quality Assurance/reg Com		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

B. Full Name (Last, First, Middle Initial) Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7471 Balfoure Circle		Transaction ID: 70905.C82852	
City Dublin	State OH	Amount of Each Receipt this Period 132.69	
Zip Code 43017		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (44.23-/Pay Period)	
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 ▼ 744.30		

C. Full Name (Last, First, Middle Initial) James Gill		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1529 Woodvale Avenue		Transaction ID: 70905.C82740	
City Deerfield	State IL	Amount of Each Receipt this Period 45.00	
Zip Code 60015		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (15.00-/Pay Period)	
Name of Employer Cardinal Health, Inc	Occupation Vp, Strat Initiatives		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	477.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Glover		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 5633 N Kostner Ave		Transaction ID: 70905.C82817	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 85.38		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.28		
		Payroll Deduction: (28.46- /Pay Period)	

Full Name (Last, First, Middle Initial) B. David Goldsberry		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 321 St Andrews Ln		Transaction ID: 70905.C82753	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 57.15		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Govt Sales & Operatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.90		
		Payroll Deduction: (19.05- /Pay Period)	

Full Name (Last, First, Middle Initial) C. David Gonzales		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 384 Colorado Drive		Transaction ID: 70905.C82887	
City State Zip Code Cedar Creek TX 78612	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, State Govt Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	292.53
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 55
	<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. Theresa Gould		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 3418 Big Hickory Dr.		Transaction ID: 70905.C82750
City Kingwood	State TX	Zip Code 77345
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 53.55	
Name of Employer Cardinal Health, Inc	Occupation Vp, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.30	Payroll Deduction: (17.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. Michael Groesbeck		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 33916 Summerfield		Transaction ID: 70905.C82752
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 56.73	
Name of Employer Cardinal Health, Inc	Occupation Svp, Qra	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.47	Payroll Deduction: (18.91- /Pay Period)

Full Name (Last, First, Middle Initial) C. L Glenn Hall		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 6678 Willow Grove Ln Circle #1502		Transaction ID: 70905.C82826
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.84	
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 ▼ 545.04	Payroll Deduction: (30.28- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	201.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 55
	<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. Gregory Halvacs		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 4964 Olentangy River River Rd		Transaction ID: 70905.C82879
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Chief Security Officer	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Troy Hanson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 5622 Dorsey Drive		Transaction ID: 70905.C82802
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 68.85	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Dir, Product Mgmt	Payroll Deduction: (22.95- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.10	

Full Name (Last, First, Middle Initial) C. Mark Hartman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 7677 Tartan Fields Dr		Transaction ID: 70905.C82703
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Evp, Operational Excel Hscs	Payroll Deduction: (100.0- 0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1712.77	

SUBTOTAL of Receipts This Page (optional) ▶	518.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 55
	<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. Linda Harty		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1761 Roxbury Rd		Transaction ID: 70905.C82714	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 322.80		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Cfo, Scs Healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1936.80		
		Payroll Deduction: (107.6- 0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Richard Heard		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8106 Bulrush Canyon Trail		Transaction ID: 70905.C82808	
City State Zip Code Katy TX 77494	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. James Hethcox		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 5442 Haverhill Drive		Transaction ID: 70905.C82831	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 98.07		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Is Medication Executive, Ips		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.42		
		Payroll Deduction: (32.69- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	495.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 55
	<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. Jay Hexamer		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 770 Westwind Ln		Transaction ID: 70905.C82726	
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period 39.84		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sp Lab	Payroll Deduction: (13.28- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.04		

Full Name (Last, First, Middle Initial) B. James Homan		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 520 Eden Park Drive Apt # 17103		Transaction ID: 70905.C82725	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 39.18		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Sales	Payroll Deduction: (13.06- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.08		

Full Name (Last, First, Middle Initial) C. John Howard		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 305 Vine Ct		Transaction ID: 70905.C82736	
City State Zip Code Mandeville LA 70448	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Cnslt, Franchise Business	Payroll Deduction: (15.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	124.02
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Wendy Hufford		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 5303 Rosalind Blvd.		Transaction ID: 70905.C82847
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Cardinal Health, Inc	Occupation Vp & Associate General Cou	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Anthony Hunt		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 10208 Hollybrook Dr		Transaction ID: 70905.C82729
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.82
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.50	Payroll Deduction: (13.94- /Pay Period)

Full Name (Last, First, Middle Initial) C. Stephen Inacker		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 1490 S Ridge Rd		Transaction ID: 70905.C82821
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 89.43
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Presource Products	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 536.58	Payroll Deduction: (29.81- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	251.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 55
	<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) Brian Jackson Mailing Address 9055 Tartan Flds Dr City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Transaction ID: 70905.C82744 Amount of Each Receipt this Period 48.00 Receipt Payroll Deduction: (16.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Specialty Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00		

B. Full Name (Last, First, Middle Initial) Stephen Johnson Mailing Address 221 W Lancaster Ave # 2012 City State Zip Code Fort Worth TX 76102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Transaction ID: 70905.C82820 Amount of Each Receipt this Period 89.43 Receipt Payroll Deduction: (29.81- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Vp, South Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 536.58		

C. Full Name (Last, First, Middle Initial) Remi Kajogbola Mailing Address 15751 Sheridan St #149 City State Zip Code Fort Lauderdale FL 33331 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Transaction ID: 70905.C82891 Amount of Each Receipt this Period 170.19 Receipt Payroll Deduction: (56.73- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Integrated Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1021.14		

SUBTOTAL of Receipts This Page (optional)	307.62
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 55
	<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) A. Michael Kaufmann		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7160 Temperance Point St		Transaction ID: 70905.C82757	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 576.90
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Group President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1456.10		
Payroll Deduction: (192.3-0/Pay Period)			

Full Name (Last, First, Middle Initial) B. Michael Kennedy		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 70905.C82819	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 86.97
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.82		
Payroll Deduction: (28.99-/Pay Period)			

Full Name (Last, First, Middle Initial) C. Steven Koester		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 2122 Autumn Wood Dr		Transaction ID: 70905.C82739	
City St Charles	State MO	Zip Code 63303	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations - Ellipticare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		
Payroll Deduction: (15.00-/Pay Period)			

SUBTOTAL of Receipts This Page (optional) ▶	708.87
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Fred Kohut		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 824 Interlaken Lane		Transaction ID: 70905.C82734	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales	Payroll Deduction: (15.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Thomas Krueger		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 37248 N Deerpath Dr		Transaction ID: 70905.C82720	
City State Zip Code Lake Villa IL 60046	Amount of Each Receipt this Period 36.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	Payroll Deduction: (12.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. Joseph Kubicek		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 443 Douglas		Transaction ID: 70905.C82811	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 76.35		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	Payroll Deduction: (25.45- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.10		

SUBTOTAL of Receipts This Page (optional) ▶	127.35
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeanne Lasheff		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 220 W Lincoln Ave		Transaction ID: 70905.C82732
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.64
Name of Employer Cardinal Health, Inc	Occupation Vp, Enterprise It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.84	Payroll Deduction: (14.88- /Pay Period)

Full Name (Last, First, Middle Initial) B. Margaret Lavalle		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 9410 Culross Ct		Transaction ID: 70905.C82878
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (50.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 4868 Carrigan Ridge		Transaction ID: 70905.C82706
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Mrkng, Retail/alt Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.43	Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	494.64
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Leitl		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 95 Arboretum Dr		Transaction ID: 70905.C82795
City North Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 61.20
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 ▼ 367.20	Payroll Deduction: (20.40- /Pay Period)

Full Name (Last, First, Middle Initial) B. Michael Lynch		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 550 E Rosemary		Transaction ID: 70905.C82758
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer Cardinal Health, Inc	Occupation Group Pres, Med Products Mfg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3153.80	Payroll Deduction: (192.3- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Donna Mann		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 6666 Mcvey Blvd		Transaction ID: 70905.C82799
City West Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Hr Svc Delivery/transform	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	Payroll Deduction: (22.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	704.10
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robin Martial		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1741 Haggin Grove W		Transaction ID: 70905.C82792	
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Sales & Mktg- Hlth Sy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8001 Millenium Drive		Transaction ID: 70905.C82827	
City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period 31.73		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, R & D Infusion Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.95		
		Payroll Deduction: (31.73- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7	
Mailing Address 8001 Millenium Drive		Transaction ID: 70905.C83087	
City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period 71.08		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, R & D Infusion Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.03		
		Payroll Deduction: (35.54- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	162.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 55
	<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. Lindy Mclean		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7272 Black Abbey Ct		Transaction ID: 70905.C82829	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 95.37		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Key Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.84		
		Payroll Deduction: (31.79- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Steven Merkin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1481 Country Ln		Transaction ID: 70905.C82849	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Marc Mullen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1650 Sherborne Lane		Transaction ID: 70905.C82888	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Sales & Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	365.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Frederick Nelson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7303 Deacon Court		Transaction ID: 70905.C82834	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 111.81		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.86		
		Payroll Deduction: (37.27- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Nuckols		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1740 Dylan Way		Transaction ID: 70905.C82713	
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Marketing, Medication Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Michael Orscheln		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 601 Buckingham Pl		Transaction ID: 70905.C82790	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Ambulatory Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	471.81
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Overman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 900 Wyndham Hill Ct		Transaction ID: 70905.C82748	
City State Zip Code Southlake TX 76092	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, Health Systems	Payroll Deduction: (16.92- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.56		

Full Name (Last, First, Middle Initial) B. William Owad		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7558 Heatherwood Ln		Transaction ID: 70905.C82653	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 3.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence	Payroll Deduction: (1.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.04		

Full Name (Last, First, Middle Initial) C. Estate Of Donald Patterson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 19463 West 52nd Dr.		Transaction ID: 70905.C82728	
City State Zip Code Golden CO 80403	Amount of Each Receipt this Period 27.84		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Dir, Special Projects	Payroll Deduction: (13.92- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.64		

SUBTOTAL of Receipts This Page (optional) ▶	81.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 55
	<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. Estate Of Donald Patterson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 19463 West 52nd Dr.		Transaction ID: 70905.C83265	
City State Zip Code Golden CO 80403	Amount of Each Receipt this Period 19.67		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Special Projects		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.31		
		Payroll Deduction: (19.67- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Angela Perkins		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 615 N Beverly Lane		Transaction ID: 70905.C82884	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Thomas Perrine		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7249 Landon Lane		Transaction ID: 70905.C82880	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	319.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 / 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kevin Peters		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 465 Fourth Fairway Dr		Transaction ID: 70905.C82876	
City State Zip Code Roswell GA 30076		Amount of Each Receipt this Period 150.21	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Evp, Ips Sales Se	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 901.26	
		Payroll Deduction: (50.07- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Aaron Pitts		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 5014 Closeburn Ct		Transaction ID: 70905.C82727	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 40.38	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Vp, Strategy & Bus Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.28	
		Payroll Deduction: (13.46- /Pay Period)	

Full Name (Last, First, Middle Initial) C. George Plava		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 3526 Pembroke Dr		Transaction ID: 70905.C82899	
City State Zip Code Richmond TX 77469		Amount of Each Receipt this Period 197.40	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Vp, Pharmacy Practice Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1184.40	
		Payroll Deduction: (65.80- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	387.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Kathy Popejoy		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 11127 W 59th Ave		Transaction ID: 70905.C82796	
City Arvada State CO Zip Code 80004	Amount of Each Receipt this Period 62.28		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Region Ops B		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 373.68		
		Payroll Deduction: (20.76- /Pay Period)	

Full Name (Last, First, Middle Initial) B. William Rampy		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 103 Foxglove Ln		Transaction ID: 70905.C82890	
City Bentonville State AR Zip Code 72712	Amount of Each Receipt this Period 155.73		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Franchise Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 934.38		
		Payroll Deduction: (51.91- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Stephen Reardon		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 5078 Breckenhurst Dr		Transaction ID: 70905.C82780	
City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Qra		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	278.01
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 55
	<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. David Render		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 6909 Maris Ct		Transaction ID: 70905.C82722
City Burluson	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.87
Name of Employer Cardinal Health, Inc	Occupation Dir, Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.22	Payroll Deduction: (12.29- /Pay Period)

Full Name (Last, First, Middle Initial) B. Cynthia Rhomberg		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 9379 Redan Court		Transaction ID: 70905.C82787
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Corp Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Mark Rosenbaum		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
Mailing Address 6565 Lockhart Lane		Transaction ID: 70905.C82762
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer Cardinal Health, Inc	Occupation Pres, Ips Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3038.40	Payroll Deduction: (192.3- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	673.77
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 55
	<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. Claudia Russell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 5064 Seagrove Cove		Transaction ID: 70905.C82851	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 126.90		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Innovation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.48		
		Payroll Deduction: (42.30- /Pay Period)	

Full Name (Last, First, Middle Initial) B. David Schlotterbeck		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 12 Hermitage Lane		Transaction ID: 70905.C82759	
City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 576.90		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Ceo, Clinical & Medical Pr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2630.70		
		Payroll Deduction: (192.3- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. James Scott		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 5893 Hunter Pl. Apartment D		Transaction ID: 70905.C82700	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Alternate Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1003.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 55
	<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. Michael Scrase		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 8358 Davington		Transaction ID: 70905.C82815
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.14
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.84	Payroll Deduction: (27.38- /Pay Period)

Full Name (Last, First, Middle Initial) B. Frank Segrave		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 5371 Gordon Way		Transaction ID: 70905.C82764
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer Cardinal Health, Inc	Occupation President, Generics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1738.40	Payroll Deduction: (192.3- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Steven Seide		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 30 Nutmeg Ln		Transaction ID: 70905.C82745
City North Andover	State MA	Zip Code 01845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.45
Name of Employer Cardinal Health, Inc	Occupation Vp, Reg Ambulatory Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.70	Payroll Deduction: (16.15- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	707.49
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 55
	<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)
Kendell Sherrer

Mailing Address 7720 Heatherwood Ln

City State Zip Code
Dublin OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82793

Amount of Each Receipt this Period
60.33

Receipt

Payroll Deduction: (20.11- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Jesse Sims

Mailing Address 11014 Black Falls Ct

City State Zip Code
Sugar Land TX 77478

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

Name of Employer Cardinal Health, Inc Occupation Mgr, Service - Technical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82886

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

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

Mailing Address 10644 Dundee Ct

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Svp, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 977.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82893

Amount of Each Receipt this Period
175.95

Receipt

Payroll Deduction: (58.65- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	386.28
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 55
	<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)
Suzanne Stoddard

Mailing Address P.o. Box 812

City State Zip Code
Dublin OH 43017

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 232.92

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82723

Amount of Each Receipt this Period
38.82

Receipt

Payroll Deduction: (12.94- /Pay Period)

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

Mailing Address 7703 E 85th St

City State Zip Code
Tulsa OK 74133

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

Name of Employer Cardinal Health, Inc Occupation Mgr, Proc Supply Chain Solutns

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 209.34

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82717

Amount of Each Receipt this Period
34.89

Receipt

Payroll Deduction: (11.63- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Dennis Streppa

Mailing Address 251 E Witchwood Ln

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer Cardinal Health, Inc Occupation Vp/gm, Gloves

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
08 / 03 / 2007

Transaction ID: 70905.C82781

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 133.71

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 55
	<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 Summers

Mailing Address 146 Chasely Circle

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 467.28

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: 70905.C82813

Amount of Each Receipt this Period
77.88

Receipt

Payroll Deduction: (25.96- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Mary Jane Tew

Mailing Address 6315 Duffy Rd

City State Zip Code
Delaware OH 43015

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

Name of Employer Cardinal Health, Inc Occupation Vp, Field Sales Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: 70905.C82810

Amount of Each Receipt this Period
75.00

Receipt

Payroll Deduction: (25.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Gordon Troup

Mailing Address 4627 Stockport Cir

City State Zip Code
Dublin OH 43016

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

Name of Employer Cardinal Health, Inc Occupation Pres/gm, Nuclear Pharmacy Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: 70905.C82712

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	452.88
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 55
	<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. Ethan Trull		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 2663 Marl Oak Dr		Transaction ID: 70905.C82747	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 48.72		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp And Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.32		
		Payroll Deduction: (16.24- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Kristina Tuttle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8187 Shannon Glen Blvd		Transaction ID: 70905.C82718	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 35.10		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.60		
		Payroll Deduction: (11.70- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Richard Walsh		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 8722 Sweetwater Ct		Transaction ID: 70905.C82850	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 124.50		
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 ▼ 719.28		
		Payroll Deduction: (41.50- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	208.32
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Walter		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 70905.C82754	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 576.06	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Chairman		Payroll Deduction: (192.0-2/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3456.36	

Full Name (Last, First, Middle Initial) B. Carole Watkins		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 1967 Woodlands Place		Transaction ID: 70905.C82761	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 576.90	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Chief Human Resources Officer		Payroll Deduction: (192.3-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1938.40	

Full Name (Last, First, Middle Initial) C. Rodney Whitmore		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 7159 Drucilla St Nw		Transaction ID: 70905.C82708	
City State Zip Code Pickerington OH 43147		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner		Payroll Deduction: (100.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	1452.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 55
	<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. Dwight Winstead		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 2540 Presidio Dr		Transaction ID: 70905.C82763	
City State Zip Code San Diego CA 92103		Amount of Each Receipt this Period 576.90	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Group President, Cts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1538.40	
		Payroll Deduction: (192.3-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Deborah Wolin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 44 Lake Mist Drive		Transaction ID: 70905.C82784	
City State Zip Code Sugar Land TX 77479		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Counsel, Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	
		Payroll Deduction: (20.00-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Anthony Woo		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7	
Mailing Address 6151 Haddo Way		Transaction ID: 70905.C82789	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Svp, Corporate Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 266.94	
		Payroll Deduction: (20.00-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	696.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 55		
	<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

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

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

Mailing Address 9761 Erin Woods Dr

City State Zip Code
 Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Svp, Prof & Gov't Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2305.44

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82724

Amount of Each Receipt this Period
 384.24

Receipt

Payroll Deduction: (128.0-8/Pay Period)

B. Full Name (Last, First, Middle Initial)
 James Worley

Mailing Address 5101 Nyah Court

City State Zip Code
 Galena OH 43021

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

Name of Employer Cardinal Health, Inc Occupation Svp, Independent Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C82877

Amount of Each Receipt this Period
 150.00

Receipt

Payroll Deduction: (50.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	534.24
TOTAL This Period (last page this line number only)	21590.92

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 / 55	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Comerica Bank

Mailing Address Po Box 75000 (mc 2250)

City State Zip Code
Detroit MI 48275-2250

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

Name of Employer Occupation
Bank

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5237.39

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2007

Transaction ID: 70806.C82652

Amount of Each Receipt this Period
708.34

Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	708.34
TOTAL This Period (last page this line number only)	▶	708.34

**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 54 / 55

<input checked="" 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 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. Internal Revenue Service		Transaction ID: 70905.E978																					
Mailing Address Service Center		Date of Disbursement																					
City State Zip Code Ogden UT 84201-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	7		2	0	0	7														
Purpose of Disbursement 2006 FED TAXES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>3065.00</td> </tr> </table>		3065.00																			
3065.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
		2006 FED TAXES																					

SUBTOTAL of Disbursements This Page (optional)	▶	3065.00
TOTAL This Period (last page this line number only)	▶	3065.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 55

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

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

Full Name (Last, First, Middle Initial) A. Senate Republican Campaign Committee		Transaction ID: 70905.E976 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 792 Federal Square Station		Amount of Each Disbursement this Period 500.00
City Harrisburg State PA Zip Code 17108-0792	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: 2007 <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. Friends of Matthew J. Dolan		Transaction ID: 70905.E979 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 100 7th Ave # 12		Amount of Each Disbursement this Period -1000.00
City Chardon State OH Zip Code 44024-7804	Purpose of Disbursement VOID	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Matthew J. Dolan		Transaction ID: 70905.E977 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 100 7th Ave # 12		Amount of Each Disbursement this Period 1000.00
City Chardon State OH Zip Code 44024-7804	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	500.00