

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

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer JAMES W. HOEBERLING
Signature of Treasurer Electronically Filed by JAMES W. HOEBERLING Date 01 18 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**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		282080.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	162603.72									
(c) Total Receipts (from Line 19)	11664.07	177887.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	174267.79	459967.79								
7. Total Disbursements (from Line 31)	-5000.00	280700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179267.79	179267.79								
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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10510.06	118386.95
(i) Itemized (use Schedule A)	605.54	49607.49
(ii) Unitemized	11115.60	167994.44
(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)	11115.60	167994.44
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.)	548.47	9893.21
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))	11664.07	177887.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11664.07	177887.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	2700.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2700.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	-4500.00	188500.00
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	89500.00
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))..	-5000.00	280700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	-5000.00	280700.00

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)	11115.60	167994.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11115.60	167994.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2700.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2700.00

**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 / 79
	<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. Brooke Alexy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 15401 Oak Pond Lane		Transaction ID: 61229.C78490	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 140.38		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Counsel, Asst General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1777.06		
		Payroll Deduction: (70.19- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michael Ambrose		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4303 Aldon Court		Transaction ID: 61229.C78250	
City State Zip Code Palm Harbor FL 34685	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Independent Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. David Anderson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 15917 Willis Way		Transaction ID: 61229.C78364	
City State Zip Code Woodbine MD 21797	Amount of Each Receipt this Period 40.00		
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 ▼ 520.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	200.38
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 / 79
	<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 Armstrong		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3290 Santolina Dr		Transaction ID: 61229.C78386	
City State Zip Code Las Vegas NV 89135	Amount of Each Receipt this Period 44.36		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Architect - Financial Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.60		
		Payroll Deduction: (22.18- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Charles Artillio		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 14 Teal Drive		Transaction ID: 61229.C78365	
City State Zip Code Langhorne PA 19047	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Bus Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1005.76		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Cassandra Baker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1672 Barrington Rd		Transaction ID: 61229.C78473	
City State Zip Code Upper Arlington OH 43221	Amount of Each Receipt this Period 102.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Gov't Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1207.37		
		Payroll Deduction: (51.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	186.36
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 / 79
	<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 Balzer		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 3510 Deep Cove Dr		Transaction ID: 61229.C78286
City Cumming	State GA	Zip Code 30041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.70
Name of Employer Cardinal Health, Inc	Occupation Mgr li, Logistics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.45	Payroll Deduction: (10.35- /Pay Period)

Full Name (Last, First, Middle Initial) B. Karen Barbour		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 7714 Green Path Ct		Transaction ID: 61229.C78294
City Sugar Land	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.50
Name of Employer Cardinal Health, Inc	Occupation Black Belt-mgr, It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	Payroll Deduction: (11.25- /Pay Period)

Full Name (Last, First, Middle Initial) C. James Barker		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 2761 Skelton Ln		Transaction ID: 61229.C78379
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.98
Name of Employer Cardinal Health, Inc	Occupation Dir, Consumer Health Product	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.64	Payroll Deduction: (20.99- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	85.18
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 / 79
	<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 Baumli		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 14566 Somerset Cir		Transaction ID: 61229.C78396	
City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 51.14		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 648.29		
		Payroll Deduction: (25.57- /Pay Period)	

Full Name (Last, First, Middle Initial) B. William Bean		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 175 Sleighride Road		Transaction ID: 61229.C78502	
City State Zip Code Willow Grove PA 19090	Amount of Each Receipt this Period 18.06		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Production Labels		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.78		
		Payroll Deduction: (9.03- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Laurel Beeler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1723 Eagle Trl		Transaction ID: 61229.C78390	
City State Zip Code Oxford MI 48371	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Reg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		
		Payroll Deduction: (25.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	119.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 79
	<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 Bergey		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 182a Taylorsville Rd Washington		Transaction ID: 61229.C78238
City Washington Crossin	State PA	Zip Code 18977
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 10.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Business Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Robert Bergstrom		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 7425 Vista Del Mar		Transaction ID: 61229.C78392
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Gm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Porter Bertelson		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 6895 Macneil Dr		Transaction ID: 61229.C78416
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 72.46
Name of Employer Cardinal Health, Inc	Occupation Vp, Hospital Pharma Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.38	Payroll Deduction: (36.23- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	157.46
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 / 79
	<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 12 / 12 / 2006
Mailing Address 103 La Trobe Ct		Transaction ID: 61229.C78499
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 172.86	
Name of Employer Cardinal Health, Inc	Occupation Svp, Medication Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2191.70	Payroll Deduction: (86.43- /Pay Period)

Full Name (Last, First, Middle Initial) B. William Bolding		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 1116 Keats Court		Transaction ID: 61229.C78375
City Lansdale	State PA	Zip Code 19446
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Cardinal Health, Inc	Occupation Vp, Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. James Bonanni		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 7511 Plum Hollow Cir		Transaction ID: 61229.C78230
City Liverpool	State NY	Zip Code 13090
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Cardinal Health, Inc	Occupation Vp, Health Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	232.86
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 / 79
	<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 Booth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 7368 Tottenham Place		Transaction ID: 61229.C78233
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Vend Mgmt And Metrics	Payroll Deduction: (10.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Scott Bostick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1546 Vivaldi Drive		Transaction ID: 61229.C78440
City State Zip Code Cardiff CA 92007	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm-supply Chain Solution	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) C. Anne Bouchenoire		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 5772 Banavie Ct		Transaction ID: 61229.C78418
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 74.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Global Branding	Payroll Deduction: (37.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 962.00	

SUBTOTAL of Receipts This Page (optional) ▶	174.00
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 13 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mark Branday

Mailing Address 55 Island Blvd

City State Zip Code
Fox Island WA 98333

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

Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 789.52

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

Transaction ID: 61229.C78414

Amount of Each Receipt this Period
63.70

Receipt

Payroll Deduction: (31.85- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Michael Brown

Mailing Address 3103 Saddle Ridge

City State Zip Code
Richmond TX 77469

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

Name of Employer Cardinal Health, Inc Occupation Svp, Pharm Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.98

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

Transaction ID: 61229.C78313

Amount of Each Receipt this Period
28.46

Receipt

Payroll Deduction: (14.23- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Harry Brubeck

Mailing Address 1100 Brandywyn Ct

City State Zip Code
Buffalo Grove IL 60089

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

Name of Employer Cardinal Health, Inc Occupation Mgr, Application Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61229.C78258

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **112.16**

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 / 79
	<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. Thomas Burke		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 21 Parsons Drive		Transaction ID: 61229.C78382
City Swampscott	State MA	Zip Code 01907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.58
Name of Employer Cardinal Health, Inc	Occupation Pres, Northeast Region	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.85	Payroll Deduction: (21.29- /Pay Period)

Full Name (Last, First, Middle Initial) B. Gary Cacciatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3810 Loch Glen Court		Transaction ID: 61229.C78403
City Houston	State TX	Zip Code 77059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.16
Name of Employer Cardinal Health, Inc	Occupation Dir, Affairs - Counsel-regltry	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 737.27	Payroll Deduction: (29.08- /Pay Period)

Full Name (Last, First, Middle Initial) C. Thomas Calhoun		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 5n496 W Lakeview Cir		Transaction ID: 61229.C78400
City St Charles	State IL	Zip Code 60175
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.16
Name of Employer Cardinal Health, Inc	Occupation Svp, Warehouse Distribution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.89	Payroll Deduction: (28.08- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	156.90
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 15 / 79
	<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. Steven Callison		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 1368 Lincoln Road		Transaction ID: 61229.C78316
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.40
Name of Employer Cardinal Health, Inc	Occupation Vp, Eit-bb	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.04	Payroll Deduction: (14.70- /Pay Period)

Full Name (Last, First, Middle Initial) B. Debra Caravelli		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 4862 Vista Ridge Dr		Transaction ID: 61229.C78380
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Service Deliv/vend Mgm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.49	Payroll Deduction: (21.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Nicole Cardosa		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 3248 Brant Street		Transaction ID: 61229.C78373
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Nat Sales Speciality Cave	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	111.40
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 / 79
	<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. Raymond Castro Perez		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 5111 Sandy Banks Road		Transaction ID: 61229.C78229
City Raleigh State NC Zip Code 27616	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc Occupation Dir, Materials Mgmt	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 260.00	

Full Name (Last, First, Middle Initial) B. Gem Chao		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 14110 Laurelstone Ct		Transaction ID: 61229.C78284
City Sugar Land State TX Zip Code 77478	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc Occupation Mgr, Service - Technical	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 260.00	

Full Name (Last, First, Middle Initial) C. Mary Ann Clyburn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 24262 Cataluna Cir		Transaction ID: 61229.C78288
City Mission Viejo State CA Zip Code 92691	Amount of Each Receipt this Period 21.16	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc Occupation Mgr, Ops - Integrated Svcs	Payroll Deduction: (10.58- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 267.29	

SUBTOTAL of Receipts This Page (optional)	61.16
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 17 / 79
	<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. Raymond Conarty		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 91 Claymont Court		Transaction ID: 61229.C78236	
City State Zip Code Sewell NJ 08080	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Mechanical		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Douglas Cones		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4826 Macallan Court West		Transaction ID: 61229.C78339	
City State Zip Code Dublin OH 43017-8269	Amount of Each Receipt this Period 37.32		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.24		
		Payroll Deduction: (18.66- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Mary Cooney		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 5151 Edloe # 13207		Transaction ID: 61229.C78475	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 106.58		
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 ▼ 1337.28		
		Payroll Deduction: (53.29- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	163.90
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 18 / 79
	<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. Bonita Court		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1306 Downs Parkway		Transaction ID: 61229.C78387	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 44.66		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Sr Mgr, Sls & Mktg	Payroll Deduction: (22.33- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.79		

Full Name (Last, First, Middle Initial) B. Jody Davids		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7638 Red Bay Court		Transaction ID: 61229.C78472	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Evp, Information Technology	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 ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. Ronald Dedels		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4740a Heathstead Dr		Transaction ID: 61229.C78330	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 32.14		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Sales Operations	Payroll Deduction: (16.07- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.56		

SUBTOTAL of Receipts This Page (optional) ▶	176.80
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 19 / 79
	<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. John Dexheimer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1521 Towne Dr		Transaction ID: 61229.C78257
City Ellisville	State MO	Zip Code 63011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Training & Developmen	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Ted Dibiase		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8103 Catalina Island Drive		Transaction ID: 61229.C78486
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 122.40
Name of Employer Cardinal Health, Inc	Occupation Vp, Advice & Counsel Ctr	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1558.50	Payroll Deduction: (61.20- /Pay Period)

Full Name (Last, First, Middle Initial) C. Nancy Dixon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 7002 Brodie Blvd		Transaction ID: 61229.C78289
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.36
Name of Employer Cardinal Health, Inc	Occupation Black Belt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.68	Payroll Deduction: (10.68- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	163.76
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 / 79
	<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. Scott Dodson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7000 Grate Park Dr		Transaction ID: 61229.C78343	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 39.78		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Controller, Nlc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.28		
		Payroll Deduction: (19.89- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Gary Dolch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 8382 Deep Run		Transaction ID: 61229.C78422	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 78.46		
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 ▼ 987.11		
		Payroll Deduction: (39.23- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Michele Donatich		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 520 Penny Lane		Transaction ID: 61229.C78299	
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 23.80		
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 ▼ 301.80		
		Payroll Deduction: (11.90- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	142.04
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 21 / 79
	<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. Joseph Dunsmore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8206 Shannon Glen		Transaction ID: 61229.C78265
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Business Partners	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Charles Echols		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 5369 Lake Shore Ave		Transaction ID: 61229.C78327
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.26
Name of Employer Cardinal Health, Inc	Occupation Vp, Enviro Health & Safety	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.02	Payroll Deduction: (15.13- /Pay Period)

Full Name (Last, First, Middle Initial) C. Joel Efken		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 109 Avalon Valley Ln		Transaction ID: 61229.C78301
City Fenton	State MO	Zip Code 63026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Finance Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	Payroll Deduction: (12.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	74.26
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 79
	<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 Egan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 4650 Aberdeen Ave		Transaction ID: 61229.C78398
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.14
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 ▼ 673.91	Payroll Deduction: (26.57- /Pay Period)

Full Name (Last, First, Middle Initial) B. Sue Ellen Erickson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 21 Springfield 1a		Transaction ID: 61229.C78332
City Cranford	State NJ	Zip Code 07016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.32
Name of Employer Cardinal Health, Inc	Occupation Mgr Ii, Service	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.85	Payroll Deduction: (16.16- /Pay Period)

Full Name (Last, First, Middle Initial) C. Enrique Espinosa-perez		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address Parque Del Monte Mb-80		Transaction ID: 61229.C78282
City Trujillo Alto	State PR	Zip Code 00976
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	105.46
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 / 79
	<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. Albert Estrada		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1706 Pecan Crossing		Transaction ID: 61229.C78503
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.23
Name of Employer Cardinal Health, Inc	Occupation Dir, Pharmacy	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.85	Payroll Deduction: (9.23/- Pay Period)

Full Name (Last, First, Middle Initial) B. Albert Estrada		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1706 Pecan Crossing		Transaction ID: 70118.C78570
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.25
Name of Employer Cardinal Health, Inc	Occupation Dir, Pharmacy	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.10	Payroll Deduction: (10.25- /Pay Period)

Full Name (Last, First, Middle Initial) C. Leeann Evensen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1423 Shady Valley		Transaction ID: 61229.C78324
City Sugar Land	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	Payroll Deduction: (15.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	49.48
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 24 / 79
	<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. Brik Eyre		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 716 Paradise Ln		Transaction ID: 61229.C78270	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 20.00		
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 ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stephen Falk		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 2480 Sandover Rd		Transaction ID: 61229.C78252	
City State Zip Code Columbus OH 43220	Amount of Each Receipt this Period 20.00		
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 ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1163 Vineyard Dr		Transaction ID: 61229.C78444	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 92.70		
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 ▼ 1175.27		
		Payroll Deduction: (46.35- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	132.70
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 25 / 79
	<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. Eric Feltes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 718 Woodridge Trail		Transaction ID: 61229.C78384	
City State Zip Code Mchenry IL 60050	Amount of Each Receipt this Period 44.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 572.00		
		Payroll Deduction: (22.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Nathaniel Filler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7639 Presidium Loop		Transaction ID: 61229.C78319	
City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Gov'ns; Relations - St		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.05		
		Payroll Deduction: (15.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Stephen Fischbach		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 2330 Collins Dr		Transaction ID: 61229.C78254	
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Operational Excellence		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	94.00
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 26 / 79
	<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. Stephen Flannery		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 275 East Center St		Transaction ID: 61229.C78337
City State Zip Code Shavertown PA 18708	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 34.40
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 ▼ 401.46	Payroll Deduction: (17.20- /Pay Period)

Full Name (Last, First, Middle Initial) B. Karen Flynn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 205 Rising Hill Ln		Transaction ID: 61229.C78368
City State Zip Code Chester Springs PA 19425	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Global Accounts Team	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Bryan Focht		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8553 Tartan Fields		Transaction ID: 61229.C78491
City State Zip Code Dublin OH 43017	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Finance Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	Payroll Deduction: (8.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	90.40
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 / 79
	<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. Brendan Ford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 798 Tweed Court		Transaction ID: 61229.C78290	
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Corp Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Kathryn Forler-muller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 717 S Columbus Blvd #406		Transaction ID: 61229.C78234	
City State Zip Code Philadelphia PA 19147	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00-/Pay Period)	

Full Name (Last, First, Middle Initial) C. David Fries		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4491 Hickory Rock Dr		Transaction ID: 61229.C78322	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Deployment Leader, Corporate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		
		Payroll Deduction: (15.00-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
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 28 / 79
	<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. Robert Gentile		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 403 Stuart Ct		Transaction ID: 61229.C78315	
City State Zip Code Thorofare NJ 08086		Amount of Each Receipt this Period 29.36	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Gm		Payroll Deduction: (14.68- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 381.68	

Full Name (Last, First, Middle Initial) B. Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7471 Balfoure Circle		Transaction ID: 61229.C78424	
City State Zip Code Dublin OH 43017		Amount of Each Receipt this Period 79.82	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Reg Affairs/chf Reg Cnsl		Payroll Deduction: (39.91- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1012.01	

Full Name (Last, First, Middle Initial) C. Mary Gibson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 433 Caren Drive		Transaction ID: 61229.C78259	
City State Zip Code Buffalo Grove IL 60089		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Dir, Eit		Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	129.18
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 / 79
	<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 Gill		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6		
Mailing Address 1529 Woodvale Avenue		Transaction ID: 61229.C78326		
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 30.00		Receipt Payroll Deduction: (15.00- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Strat Initiatives	Aggregate Year-to-Date ▼ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Robert Glover		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6		
Mailing Address 5633 N Kostner Ave		Transaction ID: 61229.C78401		
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 56.92		Receipt Payroll Deduction: (28.46- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Health Systems	Aggregate Year-to-Date ▼ 705.01		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Margaret Goebel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6		
Mailing Address 4485 Loos Circle West		Transaction ID: 61229.C78245		
City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 20.00		Receipt Payroll Deduction: (10.00- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Dir, Eit Communications	Aggregate Year-to-Date ▼ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	106.92
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 / 79
	<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 Goldsberry		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 321 St Andrews Ln		Transaction ID: 61229.C78342
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.10
Name of Employer Cardinal Health, Inc	Occupation Svp, Govt Sales & Operatio	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.55	Payroll Deduction: (19.05- /Pay Period)

Full Name (Last, First, Middle Initial) B. Theresa Gould		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3418 Big Hickory Dr.		Transaction ID: 61229.C78338
City Kingwood	State TX	Zip Code 77345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.70
Name of Employer Cardinal Health, Inc	Occupation Vp, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.80	Payroll Deduction: (17.85- /Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Groesbeck		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 33916 Summerfield		Transaction ID: 61229.C78340
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.82
Name of Employer Cardinal Health, Inc	Occupation Svp, Qra	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.94	Payroll Deduction: (18.91- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	111.62
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 31 / 79
	<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) L Glenn Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 6678 Willow Grove Ln Circle #1502		Transaction ID: 61229.C78412	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 60.56		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm	Payroll Deduction: (30.28- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 767.90		

B. Full Name (Last, First, Middle Initial) Charles Ham		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3127 Lafayette		Transaction ID: 61229.C78280	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Clinical Affairs	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) Troy Hanson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 5622 Dorsey Drive		Transaction ID: 61229.C78388	
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 45.90		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Business Partner	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 ▼ 582.83		

SUBTOTAL of Receipts This Page (optional) ▶	126.46
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 / 79
	<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. Janet Harris		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 103 Hickory Cove		Transaction ID: 61229.C78283
City Brandon	State MS	Zip Code 39047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Med Sfty & Clncl Impr	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Michael Harris		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 2254 W Wolfram St		Transaction ID: 61229.C78314
City Chicago	State IL	Zip Code 60618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.26
Name of Employer Cardinal Health, Inc	Occupation Vp, Supply Chain	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.02	Payroll Deduction: (14.63- /Pay Period)

Full Name (Last, First, Middle Initial) C. Mark Hartman		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 7677 Tartan Fields Dr		Transaction ID: 61229.C78505
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 184.14
Name of Employer Cardinal Health, Inc	Occupation Evp, Business Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2329.79	Payroll Deduction: (92.07- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	233.40
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 / 79
	<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 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1761 Roxbury Rd		Transaction ID: 61229.C78292	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 215.20		Receipt Payroll Deduction: (107.6-0/Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Cardinal Health, Inc	Occupation Evp, Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2718.75		

Full Name (Last, First, Middle Initial) B. Richard Heard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 17711 Briar Arbor		Transaction ID: 61229.C78391	
City State Zip Code Houston TX 77094	Amount of Each Receipt this Period 50.00		Receipt Payroll Deduction: (25.00-/Pay Period)
FEC ID number of contributing federal political committee. C			
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 ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Mark Henderson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 6308 Mccoy		Transaction ID: 61229.C78504	
City State Zip Code Shawnee KS 66226	Amount of Each Receipt this Period 18.54		Receipt Payroll Deduction: (9.27/-Pay Period)
FEC ID number of contributing federal political committee. C			
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 ▼ 338.92		

SUBTOTAL of Receipts This Page (optional) ▶	283.74
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 / 79
	<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 Henderson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 6308 Mccoy		Transaction ID: 70118.C78773	
City State Zip Code Shawnee KS 66226	Amount of Each Receipt this Period 7.16		
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 ▼ 346.08		
		Payroll Deduction: (7.16/- Pay Period)	

Full Name (Last, First, Middle Initial) B. James Hethcox		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 5442 Haverhill Drive		Transaction ID: 61229.C78415	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 65.38		
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 ▼ 849.94		
		Payroll Deduction: (32.69- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Jay Hexamer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 770 Westwind Ln		Transaction ID: 61229.C78309	
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period 26.56		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sp Lab		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.16		
		Payroll Deduction: (13.28- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	99.10
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 35 / 79
	<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. Gregg Hiller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 2324 Stuart St Meadow Cir #42-202		Transaction ID: 61229.C78271
City State Zip Code Denver CO 80212	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations	Payroll Deduction: (10.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Robin Hoke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 2134 Yorkshire Road		Transaction ID: 61229.C78443
City State Zip Code Columbus OH 43221	Amount of Each Receipt this Period 80.76	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Initiatives	Payroll Deduction: (40.38- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1032.54	

Full Name (Last, First, Middle Initial) C. James Homan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 520 Eden Park Drive Apt # 17103		Transaction ID: 61229.C78307
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 26.12	
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 ▼ 334.62	

SUBTOTAL of Receipts This Page (optional)	126.88
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 36 / 79
	<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. Justin Hooper		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7670 Early Meadow Rd		Transaction ID: 61229.C78242	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Dir, Eit	Payroll Deduction: (10.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. John Howard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 305 Vine Ct		Transaction ID: 61229.C78323	
City State Zip Code Mandeville LA 70448	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation 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 ▼ 390.00		

Full Name (Last, First, Middle Initial) C. Lori Huber		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 73 Buckeye Drive		Transaction ID: 61229.C78247	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Dir, Human Resources Solutions	Payroll Deduction: (10.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	70.00
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 / 79
	<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. Anthony Hunt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 10208 Hollybrook Dr		Transaction ID: 61229.C78311	
City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 27.46		
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 ▼ 305.04		
		Payroll Deduction: (13.73- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stephen Inacker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1490 S Ridge Rd		Transaction ID: 61229.C78405	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 59.62		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Evp, Global Sourcing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.80		
		Payroll Deduction: (29.81- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Brian Jackson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 9055 Tartan Flds Dr		Transaction ID: 61229.C78331	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 32.00		
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 ▼ 416.00		
		Payroll Deduction: (16.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	119.08
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 38 / 79
	<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. Renard Jackson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 744 Tennis Ave		Transaction ID: 61229.C78385
City Ambler	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.24
Name of Employer Cardinal Health, Inc	Occupation Vp & Gm, Global Packaging	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.71	Payroll Deduction: (22.12- /Pay Period)

Full Name (Last, First, Middle Initial) B. Stephen Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 221 W Lancaster Ave # 2012		Transaction ID: 61229.C78404
City Fort Worth	State TX	Zip Code 76102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.62
Name of Employer Cardinal Health, Inc	Occupation Vp, South Region	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.61	Payroll Deduction: (29.81- /Pay Period)

Full Name (Last, First, Middle Initial) C. Cheryl Kahn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3049 Maple Leaf		Transaction ID: 61229.C78255
City Glenview	State IL	Zip Code 60026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Counsel, Sr	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	123.86
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 / 79
	<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. Remi Kajogbola		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 15751 Sheridan St #149		Transaction ID: 61229.C78478	
City State Zip Code Fort Lauderdale FL 33331		Amount of Each Receipt this Period 113.46	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Svp, Integrated Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1369.34	
		Payroll Deduction: (56.73- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michael Kaufmann		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7160 Temperance Point St		Transaction ID: 61229.C78248	
City State Zip Code Westerville OH 43082		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Cfo, Healthcare Scs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Philip Kelly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1375 Lily Court		Transaction ID: 61229.C78293	
City State Zip Code Grayslake IL 60030		Amount of Each Receipt this Period 22.22	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Dir, Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 281.83	
		Payroll Deduction: (11.11- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	155.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 79
	<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 Kennedy		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 61229.C78402
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.98
Name of Employer Cardinal Health, Inc	Occupation Svp & General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 732.46	Payroll Deduction: (28.99- /Pay Period)

Full Name (Last, First, Middle Initial) B. Steven Koester		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 2122 Autumn Wood Dr		Transaction ID: 61229.C78325
City St Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations - Ellipticare	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kenneth Kohler		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 694 Hampton Rd Grosse		Transaction ID: 61229.C78261
City Point Woods	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Integrated Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	107.98
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 41 / 79
	<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. Fred Kohut		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 824 Interlaken Lane		Transaction ID: 61229.C78321	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, 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 ▼ 390.00		

Full Name (Last, First, Middle Initial) B. William Koons		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4650 Links Village D Unit A704		Transaction ID: 61229.C78240	
City State Zip Code Ponce Inlet FL 32127	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Integrated Solutions	Payroll Deduction: (10.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Tom Kowalski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3455 Bear Pointe		Transaction ID: 61229.C78494	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 16.42		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Dir, Contracts	Payroll Deduction: (8.21- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.33		

SUBTOTAL of Receipts This Page (optional) ▶	66.42
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 / 79
	<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. Thomas Krueger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 37248 N Deerpath Dr		Transaction ID: 61229.C78300
City State Zip Code Lake Villa IL 60046	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Dir, Eit	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 ▼ 312.00	

Full Name (Last, First, Middle Initial) B. Joseph Kubicek		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 443 Douglas		Transaction ID: 61229.C78395
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 50.90	
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 ▼ 642.58	

Full Name (Last, First, Middle Initial) C. Frank Lafasto		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1451 S Kurtis Lane		Transaction ID: 61229.C78305
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 254.70	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Org Effectiveness	Payroll Deduction: (127.3- 5/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3229.21	

SUBTOTAL of Receipts This Page (optional) ▶	329.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 79
	<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. Cornelius Lane		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 15 Southridge		Transaction ID: 61229.C78267	
City State Zip Code St Louis MO 63122	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Franchise Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Jeanne Lasheff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 220 W Lincoln Ave		Transaction ID: 61229.C78317	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 29.76		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Eit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.05		
		Payroll Deduction: (14.88- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Clay Lassiter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 2023 Cannonbury Lane		Transaction ID: 61229.C78389	
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 49.94		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.96		
		Payroll Deduction: (24.97- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	99.70
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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4868 Carrigan Ridge		Transaction ID: 61229.C78476	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 106.74
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Marketing, Retail/alt Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1317.08		
		Payroll Deduction: (53.37- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Leitl		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 95 Arboretum Dr		Transaction ID: 61229.C78377	
City North Barrington	State IL	Zip Code 60010	Amount of Each Receipt this Period 40.80
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, V Mueller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.65		
		Payroll Deduction: (20.40- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Douglas Lester		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 12666 Spindletop Rd		Transaction ID: 61229.C78285	
City San Diego	State CA	Zip Code 92129	Amount of Each Receipt this Period 20.44
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Project		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.26		
		Payroll Deduction: (10.22- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	167.98
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 / 79
	<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. Stuart Levenson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 15464 Borges Dr.		Transaction ID: 61229.C78493
City Moorpark	State CA	Zip Code 93021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	Payroll Deduction: (8.00/- Pay Period)

Full Name (Last, First, Middle Initial) B. William Lukefahr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 7115 Torrey Mesa Ct		Transaction ID: 61229.C78266
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Internal Application Devel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 550 E Rosemary		Transaction ID: 61229.C78336
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 323.08
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 ▼ 4022.27	Payroll Deduction: (161.5- 4/Pay Period)

SUBTOTAL of Receipts This Page (optional)	359.08
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 / 79
	<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. Donna Mann		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 6666 Mcvey Blvd		Transaction ID: 61229.C78383	
City West Worthington	State OH	Amount of Each Receipt this Period 44.00	
Zip Code 43235		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (22.00- /Pay Period)	
Name of Employer Cardinal Health, Inc	Occupation Dir, Hr Svc Delivery/transform	Aggregate Year-to-Date ▼ 543.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joanne Marriott		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3 Pine Valley Ct Beauridge		Transaction ID: 61229.C78232	
City Holmdel	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 07733		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (10.00- /Pay Period)	
Name of Employer Cardinal Health, Inc	Occupation Vp, Qa	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robin Martial		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1741 Haggin Grove W		Transaction ID: 61229.C78374	
City Carmichael	State CA	Amount of Each Receipt this Period 40.00	
Zip Code 95608		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (20.00- /Pay Period)	
Name of Employer Cardinal Health, Inc	Occupation Evp, Sales & Mktg- Hlth Sy	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	104.00
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 47 / 79
	<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 Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 9709 Turner Ln		Transaction ID: 61229.C78268
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, Sps/spd-plasma	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Jean Maschal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 4304 Beverly Drive		Transaction ID: 61229.C78277
City La Mesa	State CA	Zip Code 91941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Deborah Mcbride		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address #3 Achilles Ct		Transaction ID: 61229.C78495
City St Peters	State MO	Zip Code 63376
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.42
Name of Employer Cardinal Health, Inc	Occupation Dir, Store Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.33	Payroll Deduction: (8.71- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	57.42
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 / 79
	<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. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8001 Millenium Drive		Transaction ID: 61229.C78341
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.04
Name of Employer Cardinal Health, Inc	Occupation Vp, Worldwide Disposables	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.48	Payroll Deduction: (19.04- /Pay Period)

Full Name (Last, First, Middle Initial) B. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 8001 Millenium Drive		Transaction ID: 70118.C78678
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.38
Name of Employer Cardinal Health, Inc	Occupation Vp, Worldwide Disposables	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.86	Payroll Deduction: (25.38- /Pay Period)

Full Name (Last, First, Middle Initial) C. Lindy Mclean		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 7272 Black Abbey Ct		Transaction ID: 61229.C78413
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.79
Name of Employer Cardinal Health, Inc	Occupation Mgr, Key Account	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.90	Payroll Deduction: (31.79- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	76.21
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 / 79
	<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) Lindy Mclean Mailing Address 7272 Black Abbey Ct 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 Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: 70118.C78679 Amount of Each Receipt this Period 25.44 Receipt Payroll Deduction: (25.44- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Mgr, Key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 798.34		

B. Full Name (Last, First, Middle Initial) Craig Mcmillian Mailing Address 26935 Colonial Lane City State Zip Code Valencia CA 91355 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78279 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Dir, Sales - Retail Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) Bruce Mcwhinney Mailing Address 205 Presque Isle Ln City State Zip Code Chapel Hill NC 27514 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78367 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Center Med Safe/cln Imprv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)	85.44
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 / 79
	<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. Steven Merkin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1481 Country Ln		Transaction ID: 61229.C78442	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 80.00		
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) B. William Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1 Pine Tavern Court		Transaction ID: 61229.C78239	
City State Zip Code Pennington NJ 08534	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Pres, Packaging Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Timothy Morford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 5540 Scarlet Maple		Transaction ID: 61229.C78249	
City State Zip Code Milford OH 45150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Cnslt, Franchise Business		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
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 51 / 79
	<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 Murphy Mailing Address 10201 Sylvian 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 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78275 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
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 ▼ 260.00		

B. Full Name (Last, First, Middle Initial) Jimmy Neil Mailing Address 328 Claydon Way City State Zip Code Sacramento CA 95864 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78263 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Dir, Sales - Retail Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) Frederick Nelson Mailing Address 7303 Deacon Court 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 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78419 Amount of Each Receipt this Period 74.54 Receipt Payroll Deduction: (37.27- /Pay Period)
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 ▼ 945.08		

SUBTOTAL of Receipts This Page (optional)	114.54
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 / 79
	<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. Stan Nowak		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 7615 Bonnie Ridge Rd		Transaction ID: 61229.C78256
City Crystal Lake	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Facilities/engr Svcs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Timothy O'neill		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 3 Steeplechase Drive		Transaction ID: 61229.C78303
City Doylestown	State PA	Zip Code 18901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.40
Name of Employer Cardinal Health, Inc	Occupation Dir, Global Accounts	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.78	Payroll Deduction: (12.70- /Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Orscheln		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 601 Buckingham Pl		Transaction ID: 61229.C78372
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, Ambulatory Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	85.40
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 53 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mark Overman

Mailing Address 900 Wyndham Hill Ct

City State Zip Code
Southlake TX 76092

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 ▼ 419.08

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

Transaction ID: 61229.C78335

Amount of Each Receipt this Period
33.84

Receipt

Payroll Deduction: (16.92- /Pay Period)

B. Full Name (Last, First, Middle Initial)
William Owad

Mailing Address 7558 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 Svp, Operational Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2045.60

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

Transaction ID: 61229.C78498

Amount of Each Receipt this Period
161.68

Receipt

Payroll Deduction: (80.84- /Pay Period)

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

Mailing Address 9109 Eversole Run Rd

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Ceo, Healthcare Scs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61229.C78273

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **215.52**

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 54 / 79
	<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. Donald Patterson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 19463 West 52nd Dr.		Transaction ID: 61229.C78312
City Golden State CO Zip Code 80403	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 27.84
Name of Employer Cardinal Health, Inc Occupation Dir, Special Projects	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 352.99		Payroll Deduction: (13.92- /Pay Period)

Full Name (Last, First, Middle Initial) B. Thomas Perrine		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 7249 Landon Lane		Transaction ID: 61229.C78370
City New Albany State OH Zip Code 43054	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
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) ▼	Receipt
Aggregate Year-to-Date ▼ 520.00		Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kevin Peters		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 465 Fourth Fairway Drive		Transaction ID: 61229.C78470
City Roswell State GA Zip Code 30076	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.14
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) ▼	Receipt
Aggregate Year-to-Date ▼ 1265.25		Payroll Deduction: (50.07- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	167.98
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 55 / 79
	<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 Phillips		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 147 Wynnfield Blvd		Transaction ID: 61229.C78241	
City State Zip Code Mcdonough GA 30252	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Controller, Regional Southeast		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Aaron Pitts		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 5014 Closeburn Ct		Transaction ID: 61229.C78310	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 26.92		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Bus Develop		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.96		
		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 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3526 Pembroke Dr		Transaction ID: 61229.C78487	
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 131.60		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Pharmacy Practice Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1710.80		
		Payroll Deduction: (65.80- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	178.52
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 56 / 79
	<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. John Polles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 45 Knob Hill Circle		Transaction ID: 61229.C78269
City Canton	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Reg Sp Lab	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Andrew Polywacz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1451 Mensch Lane		Transaction ID: 61229.C78226
City Gilbertsville	State PA	Zip Code 19525
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.08	
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 ▼ 261.04	Payroll Deduction: (10.04- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kathy Popejoy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 11127 W 59th Ave		Transaction ID: 61229.C78378
City Arvada	State CO	Zip Code 80004
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.52	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Region Ops B	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.65	Payroll Deduction: (20.76- /Pay Period)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 79
	<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. William Rampy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 103 Foxglove Ln		Transaction ID: 61229.C78474
City State Zip Code Bentonville AR 72712	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 103.82
Name of Employer Cardinal Health, Inc	Occupation Svp, Franchise Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.57	Payroll Deduction: (51.91- /Pay Period)

Full Name (Last, First, Middle Initial) B. Stephen Reardon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 5078 Breckenhurst Dr		Transaction ID: 61229.C78363
City State Zip Code Hilliard OH 43026	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Qra	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. David Render		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 6909 Maris Ct		Transaction ID: 61229.C78302
City State Zip Code Burleson TX 76028	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 24.58
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 ▼ 311.18	Payroll Deduction: (12.29- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	168.40
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 58 / 79
	<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)
Cynthia Rhomberg

Mailing Address 9379 Redan Court

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Vp, Corp Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

Transaction ID: 61229.C78369

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Sandra Rigopoulos

Mailing Address 307 S Hi Lusi Ave

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Cardinal Health, Inc Occupation Vp, Customer Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2208.85

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

Transaction ID: 61229.C78500

Amount of Each Receipt this Period
174.52

Receipt

Payroll Deduction: (87.26- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Jorge Rivera Crespo

Mailing Address Calle 13 #0-28 Villa Del Carmen

City State Zip Code
Gurabo PR 00778

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

Name of Employer Cardinal Health, Inc Occupation Mgr, Qa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.60

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

Transaction ID: 61229.C78308

Amount of Each Receipt this Period
26.20

Receipt

Payroll Deduction: (13.10- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	240.72
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 59 / 79
	<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. Tomas Rodriguez		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address Bayamon Gardens Calle 12 Blg 0-11		Transaction ID: 61229.C78281
City Bayamon State PR Zip Code 00957	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc Occupation Mgr, Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 260.00		Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Mark Rosenbaum		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 6565 Lockhart Lane		Transaction ID: 61229.C78329
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 Pres, Ips Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 3772.89		Payroll Deduction: (150.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Annlea Rumpfola		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8314 Davington Dr		Transaction ID: 61229.C78227
City Dublin State OH Zip Code 43017	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc Occupation Vp, Customer Sales Solutions	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 260.00		Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	340.00
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 60 / 79
	<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 1 2 / 1 2 / 2 0 0 6	
Mailing Address 5064 Seagrove Cove		Transaction ID: 61229.C78420	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 76.14		
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 ▼ 977.19		
		Payroll Deduction: (38.07- /Pay Period)	

Full Name (Last, First, Middle Initial) B. David Schaibly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 18712 W Heather Ct		Transaction ID: 61229.C78492	
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 16.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Enterprise Architecture		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		
		Payroll Deduction: (8.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Paul Scheuer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 325 Flagstone Ct.		Transaction ID: 61229.C78278	
City State Zip Code Vacaville CA 95687	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Engr, Process Improvement-reg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
		Payroll Deduction: (10.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	102.14
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 61 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Schindewolf		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 6507 Burning Tree		Transaction ID: 61229.C78411
City Mchenry	State IL	Zip Code 60050
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, Gm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	Payroll Deduction: (30.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. David Schlotterbeck		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 12 Hermitage Lane		Transaction ID: 61229.C78291
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Ceo-pharmaceutical & Medic	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	Payroll Deduction: (100.0-0 /Pay Period)

Full Name (Last, First, Middle Initial) C. Douglas Schmidt		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 31145 Reigate Ln		Transaction ID: 61229.C78334
City Green Oaks	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.62
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 ▼ 397.19	Payroll Deduction: (16.62- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	276.62
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 62 / 79
	<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. Hal Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 200 Harbor Dr #901		Transaction ID: 61229.C78237	
City State Zip Code San Diego CA 92101	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Product Assurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Scott		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 7468 Brandshire Ln. Apartment D		Transaction ID: 61229.C78246	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 20.00		
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 ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Michael Scrase		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 8358 Davington		Transaction ID: 61229.C78399	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 54.76		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Vendor Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.54		
		Payroll Deduction: (27.38- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	94.76
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 63 / 79
	<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) Frank Segrave Mailing Address 5371 Gordon Way 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 Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78371 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation President, Generics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

B. Full Name (Last, First, Middle Initial) Steven Seide Mailing Address 30 Nutmeg Ln City State Zip Code North Andover MA 01845 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78328 Amount of Each Receipt this Period 31.34 Receipt Payroll Deduction: (15.67- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Vp, Reg Ambulatory Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.35		

C. 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		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78376 Amount of Each Receipt this Period 40.22 Receipt Payroll Deduction: (20.11- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Vp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 522.86		

SUBTOTAL of Receipts This Page (optional)	111.56
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 64 / 79
	<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 Shreiner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 225 Raintree Drive		Transaction ID: 61229.C78253	
City State Zip Code Encinitas CA 92024		Amount of Each Receipt this Period 20.00	
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 ▼ 260.00	
		Payroll Deduction: (10.00- /Pay Period)	

B. Full Name (Last, First, Middle Initial) Jesse Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 11014 Black Falls Ct		Transaction ID: 61229.C78471	
City State Zip Code Sugar Land TX 77478		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Mgr, Service - Technical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	
		Payroll Deduction: (50.00- /Pay Period)	

C. Full Name (Last, First, Middle Initial) Thomas Slagle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 1340 Kimmer Ct		Transaction ID: 61229.C78320	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Group Pres, Medical Supply Cha	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	
		Payroll Deduction: (15.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
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 65 / 79
	<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 Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 544 Restoration Dr		Transaction ID: 61229.C78318	
City State Zip Code Marysville OH 43040	Amount of Each Receipt this Period 29.90		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Supervisor, Security		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.63		
		Payroll Deduction: (14.95- /Pay Period)	

Full Name (Last, First, Middle Initial) B. William Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 205 Wells Fargo Dr		Transaction ID: 61229.C78287	
City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 21.16		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Mgr, Group It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.08		
		Payroll Deduction: (10.58- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Cornell Stamoran		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3 Matrick Court		Transaction ID: 61229.C78488	
City State Zip Code Hillsborough NJ 08844	Amount of Each Receipt this Period 134.40		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategic Intel & Plan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1698.18		
		Payroll Deduction: (67.20- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	185.46
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 66 / 79
	<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 Stauffer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 10644 Dundee Ct		Transaction ID: 61229.C78477	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 106.82		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1349.71		
Payroll Deduction: (53.41- /Pay Period)			

Full Name (Last, First, Middle Initial) B. Meriann Stockwell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 105 16th Street		Transaction ID: 61229.C78381	
City State Zip Code Belleair Beach FL 33786	Amount of Each Receipt this Period 42.30		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Gbl Strat Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.47		
Payroll Deduction: (21.15- /Pay Period)			

Full Name (Last, First, Middle Initial) C. Suzanne Stoddard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address P.o. Box 812		Transaction ID: 61229.C78304	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.88		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Investor Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.08		
Payroll Deduction: (12.94- /Pay Period)			

SUBTOTAL of Receipts This Page (optional) ▶	175.00
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 67 / 79
	<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)
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 ▼ 510.23

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

Transaction ID: 61229.C78297

Amount of Each Receipt this Period
23.26

Receipt

Payroll Deduction: (11.63- /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 ▼ 523.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 70118.C78596

Amount of Each Receipt this Period
13.72

Receipt

Payroll Deduction: (13.72- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Joseph Strack

Mailing Address 29420 Cambridge Ct

City State Zip Code
Agoura Hills CA 91301

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

Name of Employer Cardinal Health, Inc Occupation Rvp, Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 931.90

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

Transaction ID: 61229.C78421

Amount of Each Receipt this Period
38.15

Receipt

Payroll Deduction: (38.15- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **75.13**

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 68 / 79
	<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. Dennis Streppa		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 251 E Witchwood Ln		Transaction ID: 61229.C78231
City Lake Bluff	State IL	Zip Code 60044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, Gloves	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. David Strizzi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 8468 Deep Run		Transaction ID: 61229.C78235
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Svp,warehouse Distribution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Thomas Stuart		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 2 Jonah Ct Po Box 615		Transaction ID: 61229.C78417
City Peapack	State NJ	Zip Code 07977
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.80
Name of Employer Cardinal Health, Inc	Occupation Pres, Oral Technologies	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.80	Payroll Deduction: (36.40- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	112.80
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 69 / 79
	<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) Phillip Summers Mailing Address 11460 Donnington Dr. City State Zip Code Duluth GA 30097 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78262 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Dir, Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

B. Full Name (Last, First, Middle Initial) Robert Summers Mailing Address 146 Chasely Circle City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78397 Amount of Each Receipt this Period 51.92 Receipt Payroll Deduction: (25.96- /Pay Period)
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 ▼ 649.50		

C. Full Name (Last, First, Middle Initial) Michael Synor Mailing Address 1272 Fairway Drive N City State Zip Code Foristell MO 63348 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78228 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Dir, Sales - Retail Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	▶	91.92
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 70 / 79
	<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. Mary Jane Tew		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 6315 Duffy Rd		Transaction ID: 61229.C78394
City Delaware	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Field Sales Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Brian Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 15721 Ibisridge Dr		Transaction ID: 61229.C78496
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.62
Name of Employer Cardinal Health, Inc	Occupation Dir, Reg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.28	Payroll Deduction: (8.81/- Pay Period)

Full Name (Last, First, Middle Initial) C. Brian Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 15721 Ibisridge Dr		Transaction ID: 70118.C78774
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.92
Name of Employer Cardinal Health, Inc	Occupation Dir, Reg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.20	Payroll Deduction: (7.92/- Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	75.54
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 71 / 79
	<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) Lloyd Thurman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 2527 Plantation Springs		Transaction ID: 61229.C78264	
City Richmond State TX Zip Code 77469		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Vp, Sales		Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Amy Treat		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4675 Bridle Path Lane		Transaction ID: 61229.C78272	
City Dublin State OH Zip Code 43017		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Mgr, Enterprise Architecture		Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

C. Full Name (Last, First, Middle Initial) Gordon Troup		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 4627 Stockport Cir		Transaction ID: 61229.C78274	
City Dublin State OH Zip Code 43016		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc Occupation Pres/gm, Nuclear Pharmacy Svcs		Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
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 72 / 79
	<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) Ethan Trull Mailing Address 2663 Marl Oak Dr City Highland Park State IL Zip Code 60035 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78333 Amount of Each Receipt this Period 32.48 Receipt Payroll Deduction: (16.24- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Counsel, Asst General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 422.24		

B. Full Name (Last, First, Middle Initial) Kristina Tuttle Mailing Address 8187 Shannon Glen Blvd City Dublin State OH Zip Code 43016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78298 Amount of Each Receipt this Period 23.40 Receipt Payroll Deduction: (11.70- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Dir, Program Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.17		

C. Full Name (Last, First, Middle Initial) Pablo Vega Rodriguez Mailing Address 226 Calle Guajataca Villas De La Playa City Vega Baja State PR Zip Code 00693 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: 61229.C78244 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Director, Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	75.88
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 73 / 79
	<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. Craig Vittitoe		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 525 Havana Avenue		Transaction ID: 61229.C78276
City Long Beach	State CA	Zip Code 90814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Mgr, Region	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Richard Walsh		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address 8722 Sweetwater Ct		Transaction ID: 61229.C78423
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.04
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.78	Payroll Deduction: (39.52- /Pay Period)

Full Name (Last, First, Middle Initial) C. Robert Walter		Date of Receipt MM / DD / YYYY 12 / 12 / 2006
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 61229.C78344
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.04
Name of Employer Cardinal Health, Inc	Occupation Chairman	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.52	Payroll Deduction: (192.0- 2/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	483.08
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 74 / 79
	<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. Carole Watkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 1967 Woodlands Place		Transaction ID: 61229.C78441
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Chief Human Resources Officer	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) B. Mark Whitaker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3728 Deerfield St		Transaction ID: 61229.C78243
City State Zip Code High Point NC 27265	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Mgr, Facility	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Curt Witte		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 6724 Perimeter Loop Rd #232		Transaction ID: 61229.C78501
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 88.64	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Svp, Mktg - Alt Care	Payroll Deduction: (88.64- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2159.00	

SUBTOTAL of Receipts This Page (optional) ▶	188.64
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 75 / 79
	<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. Deborah Wolin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 44 Lake Mist Drive		Transaction ID: 61229.C78366	
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 40.00		
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 ▼ 520.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Philip Wollar		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 412 Albany Lane		Transaction ID: 61229.C78260	
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Architect, Systems Sr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Anthony Woo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 6151 Haddo Way		Transaction ID: 61229.C78296	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 23.08		
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 ▼ 300.04		
		Payroll Deduction: (11.54- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	83.08
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 76 / 79
	<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. Connie Woodburn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 9761 Erin Woods Dr		Transaction ID: 61229.C78306	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 256.16		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Prof & Gov't Rel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3241.35		
		Payroll Deduction: (128.0-8/Pay Period)	

Full Name (Last, First, Middle Initial) B. James Wulf		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 3983 Newhall Rd		Transaction ID: 61229.C78251	
City State Zip Code Columbus OH 43220	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Corp Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (10.00-/Pay Period)	

SUBTOTAL of Receipts This Page (optional)	276.16
TOTAL This Period (last page this line number only)	10510.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 77 / 79	
	(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 ▼
 9893.21

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

Transaction ID: 61229.C78220

Amount of Each Receipt this Period
 548.47

Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	548.47
TOTAL This Period (last page this line number only)	▶	548.47

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Republican Main Street Partnership PAC		Transaction ID: 61229.E891 Date of Disbursement 12 / 06 / 2006
Mailing Address 120 L St NW Ste 100-263 Suite 100-263		Amount of Each Disbursement this Period -2500.00
City Washington State DC Zip Code 20001-1319	VOID	
Purpose of Disbursement VOID Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual/other

Full Name (Last, First, Middle Initial) B. Talent for Senate		Transaction ID: 61229.E890 Date of Disbursement 12 / 06 / 2006
Mailing Address 509 Capitol Court, NE #100		Amount of Each Disbursement this Period -2000.00
City Washington State DC Zip Code 20002-	VOID	
Purpose of Disbursement VOID Candidate Name JAMES MATTHES TALENT		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

-4500.00

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

-4500.00

**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 79 / 79

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

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

Full Name (Last, First, Middle Initial)
A. Friends of Brant Luther

Mailing Address 770 N. Lincoln Avenue

City Alliance State OH Zip Code 44601-

Purpose of Disbursement
:VOID

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61229.E889

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

-500.00