

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street) 7000 CARDINAL PLACE
 Check if different than previously reported. (ACC)
DUBLIN OH 43017

2. **FEC IDENTIFICATION NUMBER** C00332833
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 09 01 2007 through 09 30 2007

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		179267.79
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	212818.96									
(c) Total Receipts (from Line 19)	16701.27	136317.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	229520.23	315585.23								
7. Total Disbursements (from Line 31)	14000.00	100065.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	215520.23	215520.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14403.46	90086.28
(i) Itemized (use Schedule A)	1580.19	40276.15
(ii) Unitemized	15983.65	130362.43
(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)	15983.65	130362.43
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.)	717.62	5955.01
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))	16701.27	136317.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16701.27	136317.44

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	3065.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	3065.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	51000.00
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.....	7000.00	46000.00
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))..	14000.00	100065.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14000.00	100065.00

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)	15983.65	130362.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15983.65	130362.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3065.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3065.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<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. Steven Adams		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 2811 Autumn Lake Dr		Transaction ID: 71004.C83580
City Katy	State TX	Zip Code 77450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.70
Name of Employer Cardinal Health, Inc	Occupation Pres, Pharmacy Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.65	Payroll Deduction: (28.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. David Anderson		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 15917 Willis Way		Transaction ID: 71004.C83652
City Woodbine	State MD	Zip Code 21797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Hsp Mkt & amp; Innov St	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.21	Payroll Deduction: (57.69- /Pay Period)

Full Name (Last, First, Middle Initial) C. Charles Armstrong		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 6864 Rob Roy Drive		Transaction ID: 71004.C83562
City Dublin	State OH	Zip Code 43017-8084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.18
Name of Employer Cardinal Health, Inc	Occupation Dir, Finance Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.42	Payroll Deduction: (22.18- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	195.26
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 78
	<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 Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 6864 Rob Roy Drive		Transaction ID: 71004.C83813
City Dublin	State OH	Zip Code 43017-8084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.85
Name of Employer Cardinal Health, Inc	Occupation Dir, Finance Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.27	Payroll Deduction: (22.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. James Balzer		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 3510 Deep Cove Dr		Transaction ID: 71004.C83458
City Cumming	State GA	Zip Code 30041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.35
Name of Employer Cardinal Health, Inc	Occupation Mgr Ii, Logistics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 196.65	Payroll Deduction: (10.35- /Pay Period)

Full Name (Last, First, Middle Initial) C. James Balzer		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 3510 Deep Cove Dr		Transaction ID: 71004.C83711
City Cumming	State GA	Zip Code 30041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.66
Name of Employer Cardinal Health, Inc	Occupation Mgr Ii, Logistics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.31	Payroll Deduction: (10.66- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	43.86
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 8 / 78
	<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 Barker		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 2761 Skelton Ln		Transaction ID: 71004.C83566
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Purchasing - Gbl Supp Sol	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.88	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. James Barker		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 2761 Skelton Ln		Transaction ID: 71004.C83823
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Purchasing - Gbl Supp Sol	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.88	Payroll Deduction: (26.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Gregory Baumli		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 14566 Somerset Cir		Transaction ID: 71004.C83574
City Green Oaks	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.57
Name of Employer Cardinal Health, Inc	Occupation Svp, Manufacturing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.83	Payroll Deduction: (25.57- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	76.57
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 / 78
	<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 Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 14566 Somerset Cir		Transaction ID: 71004.C83825	
City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 26.34		
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 ▼ 512.17		
		Payroll Deduction: (26.34- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Johnni Beckel		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 3680 Nicoya Court		Transaction ID: 71004.C83464	
City State Zip Code Lewis Center OH 43035	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, Hr Business Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Laurel Beeler		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1723 Eagle Trl		Transaction ID: 71004.C83567	
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 ▼ 500.00		
		Payroll Deduction: (25.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	276.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 78
	<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. Porter Bertelson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 6895 Macneil Dr		Transaction ID: 71004.C83594	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 36.23		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Hospital Pharma Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 688.37		
		Payroll Deduction: (36.23- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Porter Bertelson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 6895 Macneil Dr		Transaction ID: 71004.C83845	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 37.31		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Hospital Pharma Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.68		
		Payroll Deduction: (37.31- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Shelley Bird		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 7998 Caraway Ave		Transaction ID: 71004.C83462	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp,communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	273.54
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 11 / 78
	<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 09 / 14 / 2007
Mailing Address 103 La Trobe Ct		Transaction ID: 71004.C83666
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 86.43	
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 ▼ 1642.17	Payroll Deduction: (86.43- /Pay Period)

Full Name (Last, First, Middle Initial) B. Timothy Boes		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 103 La Trobe Ct		Transaction ID: 71004.C83915
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 89.72	
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 ▼ 1731.89	Payroll Deduction: (89.72- /Pay Period)

Full Name (Last, First, Middle Initial) C. Scott Bostick		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 1546 Vivaldi Drive		Transaction ID: 71004.C83609
City Cardiff	State CA	Zip Code 92007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm-supply Chain Solution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	256.15
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 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Branday		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 55 Island Blvd		Transaction ID: 71004.C83591
City State Zip Code Fox Island WA 98333	Amount of Each Receipt this Period 31.85	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions	Payroll Deduction: (31.85- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.15	

Full Name (Last, First, Middle Initial) B. Mark Branday		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 55 Island Blvd		Transaction ID: 71004.C83840
City State Zip Code Fox Island WA 98333	Amount of Each Receipt this Period 32.96	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions	Payroll Deduction: (32.96- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.11	

Full Name (Last, First, Middle Initial) C. Michael Brown		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 3103 Saddle Ridge		Transaction ID: 71004.C83493
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 28.46	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Pharm Operations	Payroll Deduction: (14.23- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.60	

SUBTOTAL of Receipts This Page (optional) ▶	93.27
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 78
	<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. Thomas Burke		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 21 Parsons Drive		Transaction ID: 71004.C83560
City State Zip Code Swampscott MA 01907	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 21.29
Name of Employer Cardinal Health, Inc	Occupation Svp, Supply Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.51	Payroll Deduction: (21.29- /Pay Period)

Full Name (Last, First, Middle Initial) B. Thomas Burke		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 21 Parsons Drive		Transaction ID: 71004.C83811
City State Zip Code Swampscott MA 01907	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 21.92
Name of Employer Cardinal Health, Inc	Occupation Svp, Supply Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.43	Payroll Deduction: (21.92- /Pay Period)

Full Name (Last, First, Middle Initial) C. Charles Burwell		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 4125 Via Cangrejo		Transaction ID: 71004.C83645
City State Zip Code San Diego CA 92130	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	143.21
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 14 / 78
	<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. Stacy Butterfield		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 5151 Woodbridge Dr		Transaction ID: 71004.C83641	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation SVP, Global Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Gary Cacciatore		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 3810 Loch Glen Court		Transaction ID: 71004.C83589	
City State Zip Code Houston TX 77059	Amount of Each Receipt this Period 31.73		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.02		
		Payroll Deduction: (31.73- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Gary Cacciatore		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 3810 Loch Glen Court		Transaction ID: 71004.C83842	
City State Zip Code Houston TX 77059	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 612.02		
		Payroll Deduction: (33.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	164.73
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 78
	<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 Calhoun		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 5n496 W Lakeview Cir		Transaction ID: 71004.C83578
City State Zip Code St Charles IL 60175	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.08
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 ▼ 533.52	Payroll Deduction: (28.08- /Pay Period)

Full Name (Last, First, Middle Initial) B. Thomas Calhoun		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 5n496 W Lakeview Cir		Transaction ID: 71004.C83830
City State Zip Code St Charles IL 60175	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.93
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 ▼ 562.45	Payroll Deduction: (28.93- /Pay Period)

Full Name (Last, First, Middle Initial) C. Steven Callison		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 1368 Lincoln Road		Transaction ID: 71004.C83494
City State Zip Code Columbus OH 43212	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.70
Name of Employer Cardinal Health, Inc	Occupation Blackbelt - Vp, Enterprise It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.30	Payroll Deduction: (14.70- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	71.71
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 78
	<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. Steven Callison		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 1368 Lincoln Road		Transaction ID: 71004.C83754	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 15.21		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Blackbelt - Vp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.51		
		Payroll Deduction: (15.21- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Anthony Caprio		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 6 Cottage Lane		Transaction ID: 71004.C83463	
City State Zip Code Marlboro NJ 07746	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, Ips Sales Ne		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		Payroll Deduction: (100.0-0 /Pay Period)	

Full Name (Last, First, Middle Initial) C. Debra Caravelli		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 4862 Vista Ridge Dr		Transaction ID: 71004.C83559	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Service Deliv/vend Mgm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00		
		Payroll Deduction: (21.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	236.21
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 / 78
	<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. Debra Caravelli		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 4862 Vista Ridge Dr		Transaction ID: 71004.C83810
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.63
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 ▼ 420.63	Payroll Deduction: (21.63- /Pay Period)

Full Name (Last, First, Middle Initial) B. Kerry Clark		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 8515 Fox Cub Lane		Transaction ID: 71004.C83522
City Cincinnati	State OH	Zip Code 45243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer Cardinal Health, Inc	Occupation President/ceo	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	Payroll Deduction: (192.3-0 /Pay Period)

Full Name (Last, First, Middle Initial) C. Mary Ann Clyburn		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 24262 Cataluna Cir		Transaction ID: 71004.C83460
City Mission Viejo	State CA	Zip Code 92691
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.58
Name of Employer Cardinal Health, Inc	Occupation Mgr, Program-ips	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.02	Payroll Deduction: (10.58- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	416.81
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 78
	<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 Ann Clyburn		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 24262 Cataluna Cir		Transaction ID: 71004.C83713	
City Mission Viejo	State CA	Zip Code 92691	Amount of Each Receipt this Period 10.95
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Program-ips		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.97		
		Payroll Deduction: (10.95- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Jack Coffey		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 8191 Winchcombe Dr		Transaction ID: 71004.C83469	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
		Payroll Deduction: (100.0-0 /Pay Period)	

Full Name (Last, First, Middle Initial) C. Douglas Cones		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 4826 Macallan Court West		Transaction ID: 71004.C83513	
City Dublin	State OH	Zip Code 43017-8269	Amount of Each Receipt this Period 18.66
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 ▼ 354.54		
		Payroll Deduction: (18.66- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	229.61
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 / 78
	<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) Mary Cooney Mailing Address 2211 Briarglen #507 City Houston State TX Zip Code 77027 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83475 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1332.90		

B. Full Name (Last, First, Middle Initial) Bonita Court Mailing Address 1306 Downs Parkway City Libertyville State IL Zip Code 60048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83563 Amount of Each Receipt this Period 22.33 Receipt Payroll Deduction: (22.33-/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Sr Mgr, Sls & Mktg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.27		

C. Full Name (Last, First, Middle Initial) Bonita Court Mailing Address 1306 Downs Parkway City Libertyville State IL Zip Code 60048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 71004.C83814 Amount of Each Receipt this Period 23.22 Receipt Payroll Deduction: (23.22-/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Sr Mgr, Sls & Mktg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 447.49		

SUBTOTAL of Receipts This Page (optional)	245.55
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 78
	<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) Leland Cox Mailing Address 43 N Ohio Ave City Columbus State OH Zip Code 43203 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83473 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Svp, National Chain Accounts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) John Cullivan Mailing Address 1 Miranova Place #910 City Columbus State OH Zip Code 43215 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83504 Amount of Each Receipt this Period 307.70 Receipt Payroll Deduction: (153.8-5/Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Svp, Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1538.50		

C. Full Name (Last, First, Middle Initial) Jody Davids Mailing Address 7638 Red Bay Court 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 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83649 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00-/Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Evp, Global Shared Svc & C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	607.70
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 21 / 78
	<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. Ronald Dedels		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 8371 Dolman Drive		Transaction ID: 71004.C83505	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 16.07		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.33		
		Payroll Deduction: (16.07- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Ronald Dedels		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 8371 Dolman Drive		Transaction ID: 71004.C83761	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 16.64		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.97		
		Payroll Deduction: (16.64- /Pay Period)	

Full Name (Last, First, Middle Initial) C. James Derleth		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1510 Woodvale Ave		Transaction ID: 71004.C83643	
City State Zip Code Deerfield IL 60015	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, Ips Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	132.71
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 78
	<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. Ted Dibiase		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 8103 Catalina Island Drive		Transaction ID: 71004.C83658
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 ▼ 1224.00	Payroll Deduction: (61.20- /Pay Period)

Full Name (Last, First, Middle Initial) B. Kurt Dieck		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 7037 Lake Trail Dr		Transaction ID: 71004.C83468
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategy & Bus Dev -	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	Payroll Deduction: (100.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Nancy Dixon		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 7002 Brodie Blvd		Transaction ID: 71004.C83461
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 ▼ 213.60	Payroll Deduction: (10.68- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	343.76
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 23 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Gary Dolch		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 8382 Deep Run		Transaction ID: 71004.C83517	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 384.60	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Evp, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2315.30	
		Payroll Deduction: (192.3-0/Pay Period)	

B. Full Name (Last, First, Middle Initial) Michele Donatich		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 520 Penny Lane		Transaction ID: 71004.C83483	
City State Zip Code Grayslake IL 60030		Amount of Each Receipt this Period 11.90	
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 ▼ 226.10	
		Payroll Deduction: (11.90-/Pay Period)	

C. Full Name (Last, First, Middle Initial) Michele Donatich		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 520 Penny Lane		Transaction ID: 71004.C83738	
City State Zip Code Grayslake IL 60030		Amount of Each Receipt this Period 12.32	
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 ▼ 238.42	
		Payroll Deduction: (12.32-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	408.82
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 / 78
	<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 Echols		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 5369 Lake Shore Ave		Transaction ID: 71004.C83503	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.13		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Enviro Health & Safety		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.47		
		Payroll Deduction: (15.13- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Charles Echols		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 5369 Lake Shore Ave		Transaction ID: 71004.C83756	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.58		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Enviro Health & Safety		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.05		
		Payroll Deduction: (15.58- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Joel Efken		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 109 Avalon Valley Ln		Transaction ID: 71004.C83485	
City State Zip Code Fenton MO 63026	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, Finance Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		Payroll Deduction: (12.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	54.71
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 78
	<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 0 9 / 1 4 / 2 0 0 7	
Mailing Address 4650 Aberdeen Ave		Transaction ID: 71004.C83576	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 26.57		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.83		
		Payroll Deduction: (26.57- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Egan		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 4650 Aberdeen Ave		Transaction ID: 71004.C83827	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 27.43		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.26		
		Payroll Deduction: (27.43- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Gary Ellis		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 6146 Balmoral Drive		Transaction ID: 71004.C83471	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Branded Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	254.00
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 26 / 78
	<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. Sue Ellen Erickson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1a 21 Springfield		Transaction ID: 71004.C83508	
City State Zip Code Cranford NJ 07016		Amount of Each Receipt this Period 16.16	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Mgr li, Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.04	
		Payroll Deduction: (16.16- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Sue Ellen Erickson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 1a 21 Springfield		Transaction ID: 71004.C83760	
City State Zip Code Cranford NJ 07016		Amount of Each Receipt this Period 16.48	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Mgr li, Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.52	
		Payroll Deduction: (16.48- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Albert Estrada		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1706 Pecan Crossing		Transaction ID: 71004.C83479	
City State Zip Code Richmond TX 77469		Amount of Each Receipt this Period 11.07	
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 ▼ 203.36	
		Payroll Deduction: (11.07- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	43.71
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 78
	<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. Albert Estrada		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 1706 Pecan Crossing		Transaction ID: 71004.C83731
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.40
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 ▼ 214.76	Payroll Deduction: (11.40- /Pay Period)

Full Name (Last, First, Middle Initial) B. Leeann Evensen		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 1423 Shady Valley		Transaction ID: 71004.C83500
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 Mgr, Application & Support	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Brik Eyre		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 716 Paradise Ln		Transaction ID: 71004.C83571
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Presource Products	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	91.40
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 28 / 78
	<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 Falk		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 2480 Sandover Rd		Transaction ID: 71004.C83466	
City Columbus	State OH	Zip Code 43220	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 Vp & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1163 Vineyard Dr		Transaction ID: 71004.C83614	
City Gurnee	State IL	Zip Code 60031	Amount of Each Receipt this Period 46.35
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 ▼ 880.65		
		Payroll Deduction: (46.35-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1163 Vineyard Dr		Transaction ID: 71004.C83865	
City Gurnee	State IL	Zip Code 60031	Amount of Each Receipt this Period 47.97
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 ▼ 928.62		
		Payroll Deduction: (47.97-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	294.32
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Nathaniel Filler		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 7639 Presidium Loop		Transaction ID: 71004.C83496	
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't Relations - St		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction: (15.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stephen Flannery		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 275 East Center St		Transaction ID: 71004.C83511	
City State Zip Code Shavertown PA 18708	Amount of Each Receipt this Period 17.66		
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 ▼ 333.70		
		Payroll Deduction: (17.66- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Stephen Flannery		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 275 East Center St		Transaction ID: 71004.C83764	
City State Zip Code Shavertown PA 18708	Amount of Each Receipt this Period 18.36		
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 ▼ 352.06		
		Payroll Deduction: (18.36- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	66.02
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 30 / 78
	<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)
Ivan Fong

Mailing Address 21 S. Parkview Ave.

City Columbus State OH Zip Code 43209

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

Name of Employer Cardinal Health, Inc Occupation Chief Legal Officer & Sec

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2115.30

Date of Receipt 09 / 14 / 2007

Transaction ID: 71004.C83518

Amount of Each Receipt this Period 384.60

Receipt

Payroll Deduction: (192.30/Pay Period)

B. Full Name (Last, First, Middle Initial)
Elizabeth Ford

Mailing Address 2262 Yorkshire Road

City Upper Arlington State OH Zip Code 43221

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

Name of Employer Cardinal Health, Inc Occupation Vp, Legal Operations

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 09 / 14 / 2007

Transaction ID: 71004.C83642

Amount of Each Receipt this Period 100.00

Receipt

Payroll Deduction: (50.00/Pay Period)

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

Mailing Address 4491 Hickory Rock Dr

City Powell State OH Zip Code 43065

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

Name of Employer Cardinal Health, Inc Occupation Vp, Order To Cash Program

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 09 / 14 / 2007

Transaction ID: 71004.C83497

Amount of Each Receipt this Period 30.00

Receipt

Payroll Deduction: (15.00/Pay Period)

SUBTOTAL of Receipts This Page (optional) **514.60**

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 31 / 78
	<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) Edmund Fry		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1 Miranova Pl. Apt. 2040		Transaction ID: 71004.C83474	
City Columbus	State OH	Zip Code 43215	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Quality Assurance/reg Com		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
		Payroll Deduction: (100.0-0/Pay Period)	

B. Full Name (Last, First, Middle Initial) Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 7471 Balfoure Circle		Transaction ID: 71004.C83613	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 44.23
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Reg Affairs/chf Reg Cnsl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 788.53		
		Payroll Deduction: (44.23-/Pay Period)	

C. Full Name (Last, First, Middle Initial) Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 7471 Balfoure Circle		Transaction ID: 71004.C83864	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 45.91
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Reg Affairs/chf Reg Cnsl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.44		
		Payroll Deduction: (45.91-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	290.14
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 32 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) James Gill Mailing Address 1529 Woodvale Avenue City State Zip Code Deerfield IL 60015 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83502 Amount of Each Receipt this Period 30.00 Receipt Payroll Deduction: (15.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Vp, Strat Initiatives Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Robert Glover Mailing Address 5633 N Kostner Ave City State Zip Code Chicago IL 60646 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: 71004.C83579 Amount of Each Receipt this Period 28.46 Receipt Payroll Deduction: (28.46- /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 ▼ 540.74		

C. Full Name (Last, First, Middle Initial) Robert Glover Mailing Address 5633 N Kostner Ave City State Zip Code Chicago IL 60646 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 71004.C83831 Amount of Each Receipt this Period 29.46 Receipt Payroll Deduction: (29.46- /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 ▼ 570.20		

SUBTOTAL of Receipts This Page (optional)	87.92
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 33 / 78
	<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. David Goldsberry		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 321 St Andrews Ln		Transaction ID: 71004.C83515	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 19.05		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Govt Sales & Operatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.95		
		Payroll Deduction: (19.05- /Pay Period)	

Full Name (Last, First, Middle Initial) B. David Goldsberry		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 321 St Andrews Ln		Transaction ID: 71004.C83767	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 19.91		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Govt Sales & Operatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.86		
		Payroll Deduction: (19.91- /Pay Period)	

Full Name (Last, First, Middle Initial) C. David Gonzales		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 384 Colorado Drive		Transaction ID: 71004.C83647	
City State Zip Code Cedar Creek TX 78612	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 Dir, State Govt Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	138.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 78
	<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. Theresa Gould		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 3418 Big Hickory Dr.		Transaction ID: 71004.C83512
City State Zip Code Kingwood TX 77345	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 17.85
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 ▼ 339.15	Payroll Deduction: (17.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. Theresa Gould		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 3418 Big Hickory Dr.		Transaction ID: 71004.C83765
City State Zip Code Kingwood TX 77345	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.58
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 ▼ 357.73	Payroll Deduction: (18.58- /Pay Period)

Full Name (Last, First, Middle Initial) C. Scott Gregg		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 10682 Scarborough Way		Transaction ID: 71004.C83569
City State Zip Code Powell OH 43065-8769	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Taxes	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	86.43
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 78
	<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 Groesbeck		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 33916 Summerfield		Transaction ID: 71004.C83514
City State Zip Code Gurnee IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.91
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 ▼ 340.38	Payroll Deduction: (18.91- /Pay Period)

Full Name (Last, First, Middle Initial) B. Michael Groesbeck		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 33916 Summerfield		Transaction ID: 71004.C83766
City State Zip Code Gurnee IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.57
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 ▼ 359.95	Payroll Deduction: (19.57- /Pay Period)

Full Name (Last, First, Middle Initial) C. L Glenn Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 6678 Willow Grove Ln Circle #1502		Transaction ID: 71004.C83588
City State Zip Code Dublin OH 43017	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.28
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 ▼ 575.32	Payroll Deduction: (30.28- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	68.76
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 36 / 78
	<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. L Glenn Hall		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 6678 Willow Grove Ln Circle #1502		Transaction ID: 71004.C83839
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 31.19	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm	Payroll Deduction: (31.19- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.51	

Full Name (Last, First, Middle Initial) B. Gregory Halvacs		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 4964 Olentangy River River Rd		Transaction ID: 71004.C83639
City State Zip Code Delaware OH 43015	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 Chief Security Officer	Payroll Deduction: (50.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Troy Hanson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 5622 Dorsey Drive		Transaction ID: 71004.C83564
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 22.95	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, Product Mgmt	Payroll Deduction: (22.95- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 436.05	

SUBTOTAL of Receipts This Page (optional) ▶	154.14
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 37 / 78
	<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. Troy Hanson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 5622 Dorsey Drive		Transaction ID: 71004.C83815
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.04
Name of Employer Cardinal Health, Inc	Occupation Dir, Product Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.09	Payroll Deduction: (24.04- /Pay Period)

Full Name (Last, First, Middle Initial) B. Mark Hartman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 7677 Tartan Fields Dr		Transaction ID: 71004.C83467
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Evp, Operational Excel Hscs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1912.77	Payroll Deduction: (100.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Linda Harty		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1761 Roxbury Rd		Transaction ID: 71004.C83478
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 107.60
Name of Employer Cardinal Health, Inc	Occupation Evp, Cfo, Scs Healthcare	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2044.40	Payroll Deduction: (107.6- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	331.64
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 38 / 78
	<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 09 / 28 / 2007	
Mailing Address 1761 Roxbury Rd		Transaction ID: 71004.C83734	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 111.90		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Cfo, Scs Healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2156.30		
		Payroll Deduction: (111.9-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Richard Heard		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 8106 Bulrush Canyon Trail		Transaction ID: 71004.C83570	
City State Zip Code Katy TX 77494	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 Svp, Ips Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		Payroll Deduction: (25.00-/Pay Period)	

Full Name (Last, First, Middle Initial) C. James Hethcox		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 5442 Haverhill Drive		Transaction ID: 71004.C83592	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 32.69		
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 ▼ 621.11		
		Payroll Deduction: (32.69-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	194.59
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 / 78
	<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)
James Hethcox

Mailing Address 5442 Haverhill Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Is Medication Executive, Ips

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 654.46

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 71004.C83843

Amount of Each Receipt this Period
33.35

Receipt

Payroll Deduction: (33.35- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Jay Hexamer

Mailing Address 770 Westwind Ln

City State Zip Code
Alpharetta GA 30005

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

Name of Employer Cardinal Health, Inc Occupation Vp, Sp Lab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.32

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83490

Amount of Each Receipt this Period
13.28

Receipt

Payroll Deduction: (13.28- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Jay Hexamer

Mailing Address 770 Westwind Ln

City State Zip Code
Alpharetta GA 30005

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

Name of Employer Cardinal Health, Inc Occupation Vp, Sp Lab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.11

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 71004.C83743

Amount of Each Receipt this Period
13.79

Receipt

Payroll Deduction: (13.79- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	60.42
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 40 / 78
	<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 Homan		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 520 Eden Park Drive Apt # 17103		Transaction ID: 71004.C83489
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.06
Name of Employer Cardinal Health, Inc	Occupation Dir, Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.14	Payroll Deduction: (13.06- /Pay Period)

Full Name (Last, First, Middle Initial) B. James Homan		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 520 Eden Park Drive Apt # 17103		Transaction ID: 71004.C83741
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.32
Name of Employer Cardinal Health, Inc	Occupation Dir, Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.46	Payroll Deduction: (13.32- /Pay Period)

Full Name (Last, First, Middle Initial) C. John Howard		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 305 Vine Ct		Transaction ID: 71004.C83498
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Cnslt, Franchise Business	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (15.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	56.38
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 41 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Wendy Hufford		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 5303 Rosalind Blvd.		Transaction ID: 71004.C83608
City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Cardinal Health, Inc	Occupation Vp & Associate General Cou	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Anthony Hunt		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 10208 Hollybrook Dr		Transaction ID: 71004.C83492
City State Zip Code Charlotte NC 28277	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.94
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 ▼ 264.44	Payroll Deduction: (13.94- /Pay Period)

Full Name (Last, First, Middle Initial) C. Anthony Hunt		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
Mailing Address 10208 Hollybrook Dr		Transaction ID: 71004.C83746
City State Zip Code Charlotte NC 28277	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.50
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 ▼ 278.94	Payroll Deduction: (14.50- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	108.44
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 42 / 78
	<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. Stephen Inacker		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 1490 S Ridge Rd		Transaction ID: 71004.C83583
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 29.81	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Pres/gm, Presource Products	Payroll Deduction: (29.81- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.39	

Full Name (Last, First, Middle Initial) B. Stephen Inacker		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 1490 S Ridge Rd		Transaction ID: 71004.C83838
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 31.15	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cardinal Health, Inc Occupation Pres/gm, Presource Products	Payroll Deduction: (31.15- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.54	

Full Name (Last, First, Middle Initial) C. Brian Jackson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 9055 Tartan Flds Dr		Transaction ID: 71004.C83506
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, Specialty	Payroll Deduction: (16.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	92.96
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 / 78
	<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)
Stephen Johnson

Mailing Address 221 W Lancaster Ave
2012

City State Zip Code
Fort Worth TX 76102

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

Name of Employer Cardinal Health, Inc Occupation Vp, South Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 566.39

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83582

Amount of Each Receipt this Period
29.81

Receipt

Payroll Deduction: (29.81- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Stephen Johnson

Mailing Address 221 W Lancaster Ave
2012

City State Zip Code
Fort Worth TX 76102

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

Name of Employer Cardinal Health, Inc Occupation Vp, South Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 597.09

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 71004.C83837

Amount of Each Receipt this Period
30.70

Receipt

Payroll Deduction: (30.70- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Remi Kajogbola

Mailing Address 15751 Sheridan St
#149

City State Zip Code
Fort Lauderdale FL 33331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.87

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83651

Amount of Each Receipt this Period
56.73

Receipt

Payroll Deduction: (56.73- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 117.24

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 / 78
	<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) Remi Kajogbola		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 15751 Sheridan St #149		Transaction ID: 71004.C83903	
City State Zip Code Fort Lauderdale FL 33331		Amount of Each Receipt this Period 58.71	
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 ▼ 1136.58	
		Payroll Deduction: (58.71- /Pay Period)	

B. Full Name (Last, First, Middle Initial) Michael Kaufmann		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 7160 Temperance Point St		Transaction ID: 71004.C83519	
City State Zip Code Westerville OH 43082		Amount of Each Receipt this Period 384.60	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Group President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1840.70	
		Payroll Deduction: (192.3- 0/Pay Period)	

C. Full Name (Last, First, Middle Initial) Philip Kelly		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address P.o. Box 8695		Transaction ID: 71004.C83480	
City State Zip Code Gurnee IL 60031-8695		Amount of Each Receipt this Period 11.11	
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 ▼ 211.09	
		Payroll Deduction: (11.11- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	454.42
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 45 / 78
	<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. Philip Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address P.o. Box 8695		Transaction ID: 71004.C83733	
City Gurnee	State IL	Amount of Each Receipt this Period 11.67	
Zip Code 60031-8695		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (11.67- /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 ▼ 222.76		

Full Name (Last, First, Middle Initial) B. Michael Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 71004.C83581	
City Dublin	State OH	Amount of Each Receipt this Period 28.99	
Zip Code 43017		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (28.99- /Pay Period)	
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 ▼ 550.81		

Full Name (Last, First, Middle Initial) C. Michael Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 71004.C83832	
City Dublin	State OH	Amount of Each Receipt this Period 29.86	
Zip Code 43017		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (29.86- /Pay Period)	
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 ▼ 580.67		

SUBTOTAL of Receipts This Page (optional) ▶	70.52
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 46 / 78
	<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)
Steven Koester

Mailing Address 2122 Autumn Wood Dr

City State Zip Code
St Charles MO 63303

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

Name of Employer Cardinal Health, Inc Occupation Dir, Operations - Ellipticare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83501

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (15.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Thomas Krueger

Mailing Address 37248 N Deerpath Dr

City State Zip Code
Lake Villa IL 60046

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83484

Amount of Each Receipt this Period
24.00

Receipt

Payroll Deduction: (12.00- /Pay Period)

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

Mailing Address 443 Douglas

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Cardinal Health, Inc Occupation Svp, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.55

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83573

Amount of Each Receipt this Period
25.45

Receipt

Payroll Deduction: (25.45- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **79.45**

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 / 78
	<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)
Joseph Kubicek

Mailing Address 443 Douglas

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Cardinal Health, Inc Occupation Svp, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 509.76

Date of Receipt
09 / 28 / 2007

Transaction ID: 71004.C83824

Amount of Each Receipt this Period
26.21

Receipt

Payroll Deduction: (26.21- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Jeanne Lasheff

Mailing Address 220 W Lincoln Ave

City State Zip Code
Libertyville IL 60048

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.72

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83495

Amount of Each Receipt this Period
14.88

Receipt

Payroll Deduction: (14.88- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Jeanne Lasheff

Mailing Address 220 W Lincoln Ave

City State Zip Code
Libertyville IL 60048

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.05

Date of Receipt
09 / 28 / 2007

Transaction ID: 71004.C83755

Amount of Each Receipt this Period
15.33

Receipt

Payroll Deduction: (15.33- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 56.42

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 / 78
	<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. Margaret Lavalle		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 9410 Culross Ct		Transaction ID: 71004.C83638	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 4868 Carrigan Ridge		Transaction ID: 71004.C83470	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Mrktng, Retail/alt Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.43		
		Payroll Deduction: (100.0-0 /Pay Period)	

Full Name (Last, First, Middle Initial) C. James Leitl		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 95 Arboretum Dr		Transaction ID: 71004.C83557	
City North Barrington	State IL	Zip Code 60010	Amount of Each Receipt this Period 20.40
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 ▼ 387.60		
		Payroll Deduction: (20.40- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	320.40
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 49 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Leitl		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 95 Arboretum Dr		Transaction ID: 71004.C83808
City North Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.42
Name of Employer Cardinal Health, Inc	Occupation Vp/gm, V Mueller	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.02	Payroll Deduction: (21.42- /Pay Period)

Full Name (Last, First, Middle Initial) B. Douglas Lester		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 12666 Spindletop Rd		Transaction ID: 71004.C83457
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.22
Name of Employer Cardinal Health, Inc	Occupation Mgr, Project	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 194.18	Payroll Deduction: (10.22- /Pay Period)

Full Name (Last, First, Middle Initial) C. Douglas Lester		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 12666 Spindletop Rd		Transaction ID: 71004.C83709
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.53
Name of Employer Cardinal Health, Inc	Occupation Mgr, Project	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.71	Payroll Deduction: (10.53- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	42.17
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 / 78
	<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)
Michael Lynch

Mailing Address 550 E Rosemary

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Cardinal Health, Inc Occupation Group Pres, Med Products Mfg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3538.40

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83520

Amount of Each Receipt this Period
384.60

Receipt

Payroll Deduction: (192.3-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Donna Mann

Mailing Address 6666 Mcvey Blvd

City State Zip Code
West Worthington OH 43235

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

Name of Employer Cardinal Health, Inc Occupation Dir, Hr Svc Delivery/transform

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83561

Amount of Each Receipt this Period
22.00

Receipt

Payroll Deduction: (22.00-/Pay Period)

C. Full Name (Last, First, Middle Initial)
Donna Mann

Mailing Address 6666 Mcvey Blvd

City State Zip Code
West Worthington OH 43235

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

Name of Employer Cardinal Health, Inc Occupation Dir, Hr Svc Delivery/transform

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.83

Date of Receipt
09 / 28 / 2007

Transaction ID: 71004.C83812

Amount of Each Receipt this Period
22.83

Receipt

Payroll Deduction: (22.83-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	429.43
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 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robin Martial		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1741 Haggin Grove W		Transaction ID: 71004.C83554	
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Evp, Sales & Mktg- Hlth Sy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 420.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 8001 Millenium Drive		Transaction ID: 71004.C83593	
City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period 71.08		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, R & D Infusion Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 618.11		
		Payroll Deduction: (35.54- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 8001 Millenium Drive		Transaction ID: 71004.C83668	
City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period -102.81		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, R & D Infusion Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 515.30		
		Payroll Deduction: (-102.- 81/Pay Period)	

SUBTOTAL of Receipts This Page (optional)	28.27
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 52 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Janice Mccampbell		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 8001 Millenium Drive		Transaction ID: 71004.C83730	
City Raleigh	State NC	Zip Code 27614	Amount of Each Receipt this Period 102.81
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, R & D Infusion Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.11		
		Payroll Deduction: (102.8-1/Pay Period)	

Full Name (Last, First, Middle Initial) B. Lindy Mclean		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 7272 Black Abbey Ct		Transaction ID: 71004.C83590	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 31.79
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Key Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.63		
		Payroll Deduction: (31.79-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Lindy Mclean		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 7272 Black Abbey Ct		Transaction ID: 71004.C83841	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 33.07
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Mgr, Key Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.70		
		Payroll Deduction: (33.07-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	167.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 78
	<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)
Steven Merkin

Mailing Address 1481 Country Ln

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83610

Amount of Each Receipt this Period
80.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Marc Mullen

Mailing Address 1650 Sherborne Lane

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Svp, Sales & Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83648

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

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**

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 708.13

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71004.C83595

Amount of Each Receipt this Period
37.27

Receipt

Payroll Deduction: (37.27- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	217.27
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 / 78
	<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. Frederick Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 7303 Deacon Court		Transaction ID: 71004.C83846	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 38.39		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 746.52		
		Payroll Deduction: (38.39- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Nuckols		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1740 Dylan Way		Transaction ID: 71004.C83477	
City State Zip Code Encinitas CA 92024	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 Vp, Marketing, Medication Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Michael Orscheln		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 601 Buckingham Pl		Transaction ID: 71004.C83552	
City State Zip Code Libertyville IL 60048	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/gm, Ambulatory Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	278.39
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 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Overman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 900 Wyndham Hill Ct		Transaction ID: 71004.C83510	
City State Zip Code Southlake TX 76092	Amount of Each Receipt this Period 16.92		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.48		
		Payroll Deduction: (16.92- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Mark Overman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 900 Wyndham Hill Ct		Transaction ID: 71004.C83763	
City State Zip Code Southlake TX 76092	Amount of Each Receipt this Period 17.52		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.00		
		Payroll Deduction: (17.52- /Pay Period)	

Full Name (Last, First, Middle Initial) C. William Owad		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 7558 Heatherwood Ln		Transaction ID: 71004.C83418	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 2.00		
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 ▼ 499.04		
		Payroll Deduction: (1.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	36.44
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 / 78
	<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. Angela Perkins		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 615 N Beverly Lane		Transaction ID: 71004.C83644	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Thomas Perrine		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 7249 Landon Lane		Transaction ID: 71004.C83640	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00		
		Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Kevin Peters		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 465 Fourth Fairway Dr		Transaction ID: 71004.C83636	
City State Zip Code Roswell GA 30076	Amount of Each Receipt this Period 100.14		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Evp, Ips Sales Se		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.40		
		Payroll Deduction: (50.07- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	300.14
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 57 / 78
	<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. Aaron Pitts		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 5014 Closeburn Ct		Transaction ID: 71004.C83491
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.92
Name of Employer Cardinal Health, Inc	Occupation Vp, Strategy & Bus Develop	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.20	Payroll Deduction: (13.46- /Pay Period)

Full Name (Last, First, Middle Initial) B. George Plava		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 3526 Pembroke Dr		Transaction ID: 71004.C83659
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.80
Name of Employer Cardinal Health, Inc	Occupation Vp, Pharmacy Practice Dev	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.20	Payroll Deduction: (65.80- /Pay Period)

Full Name (Last, First, Middle Initial) C. George Plava		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 3526 Pembroke Dr		Transaction ID: 71004.C83910
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.77
Name of Employer Cardinal Health, Inc	Occupation Vp, Pharmacy Practice Dev	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1317.97	Payroll Deduction: (67.77- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	160.49
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 78
	<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. Kathy Popejoy		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 11127 W 59th Ave		Transaction ID: 71004.C83558	
City State Zip Code Arvada CO 80004		Amount of Each Receipt this Period 20.76	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Mgr, Region Ops B	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 394.44	
		Payroll Deduction: (20.76- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Kathy Popejoy		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 11127 W 59th Ave		Transaction ID: 71004.C83809	
City State Zip Code Arvada CO 80004		Amount of Each Receipt this Period 21.62	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Mgr, Region Ops B	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.06	
		Payroll Deduction: (21.62- /Pay Period)	

Full Name (Last, First, Middle Initial) C. William Rampy		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 103 Foxglove Ln		Transaction ID: 71004.C83650	
City State Zip Code Bentonville AR 72712		Amount of Each Receipt this Period 51.91	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Svp, Franchise Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 986.29	
		Payroll Deduction: (51.91- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	94.29
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 59 / 78
	<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 MM / DD / YYYY 09 / 28 / 2007
Mailing Address 103 Foxglove Ln		Transaction ID: 71004.C83901
City Bentonville	State AR	Zip Code 72712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.99
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 ▼ 1040.28	Payroll Deduction: (53.99- /Pay Period)

Full Name (Last, First, Middle Initial) B. Stephen Reardon		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 5078 Breckenhurst Dr		Transaction ID: 71004.C83542
City Hilliard	State OH	Zip Code 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 ▼ 400.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. David Render		Date of Receipt MM / DD / YYYY 09 / 14 / 2007
Mailing Address 6909 Maris Ct		Transaction ID: 71004.C83486
City Burleson	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.29
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 ▼ 233.51	Payroll Deduction: (12.29- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	106.28
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 78
	<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 Render

Mailing Address 6909 Maris Ct

City State Zip Code
Burluson TX 76028

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

Name of Employer Cardinal Health, Inc Occupation Dir, Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.35

Date of Receipt
09 / 28 / 2007

Transaction ID: 71004.C83739

Amount of Each Receipt this Period
12.84

Receipt

Payroll Deduction: (12.84- /Pay Period)

B. 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 ▼ 400.00

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83549

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

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

Mailing Address 6565 Lockhart Lane

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Pres, Ips Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3423.00

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83524

Amount of Each Receipt this Period
384.60

Receipt

Payroll Deduction: (192.3-0 /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	437.44
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 61 / 78
	<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 Y 09 / 14 / 2007	
Mailing Address 5064 Seagrove Cove		Transaction ID: 71004.C83612	
City State Zip Code San Diego CA 92130	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 Vp, Strategy & Innovation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 786.78		
		Payroll Deduction: (42.30- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Claudia Russell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 5064 Seagrove Cove		Transaction ID: 71004.C83863	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 43.99		
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 ▼ 830.77		
		Payroll Deduction: (43.99- /Pay Period)	

Full Name (Last, First, Middle Initial) C. David Schlotterbeck		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 12 Hermitage Lane		Transaction ID: 71004.C83521	
City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Ceo, Clinical & Medical Pr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3015.30		
		Payroll Deduction: (192.3- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	470.89
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 / 78
	<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 Scott		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 5893 Hunter Pl. Apartment D		Transaction ID: 71004.C83465	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Alternate Care	Payroll Deduction: (100.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.00		

Full Name (Last, First, Middle Initial) B. Michael Scrase		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 8358 Davington		Transaction ID: 71004.C83577	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 27.38
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	Payroll Deduction: (27.38-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.22		

Full Name (Last, First, Middle Initial) C. Michael Scrase		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 8358 Davington		Transaction ID: 71004.C83828	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 28.48
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	Payroll Deduction: (28.48-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.70		

SUBTOTAL of Receipts This Page (optional) ▶	255.86
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 63 / 78
	<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**

Name of Employer Cardinal Health, Inc Occupation President, Generics

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2123.00

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83526

Amount of Each Receipt this Period
384.60

Receipt

Payroll Deduction: (192.3-0/Pay Period)

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**

Name of Employer Cardinal Health, Inc Occupation Vp, Reg Ambulatory Care

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 306.85

Date of Receipt
09 / 14 / 2007

Transaction ID: 71004.C83507

Amount of Each Receipt this Period
16.15

Receipt

Payroll Deduction: (16.15-/Pay Period)

C. 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**

Name of Employer Cardinal Health, Inc Occupation Vp, Reg Ambulatory Care

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 323.65

Date of Receipt
09 / 28 / 2007

Transaction ID: 71004.C83762

Amount of Each Receipt this Period
16.80

Receipt

Payroll Deduction: (16.80-/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **417.55**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Kendell Sherrer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 7720 Heatherwood Ln		Transaction ID: 71004.C83556	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 40.22		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Hr Business Partner	Payroll Deduction: (20.11- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.20		

Full Name (Last, First, Middle Initial) B. Jesse Sims		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 11014 Black Falls Ct		Transaction ID: 71004.C83646	
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	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. William Smith		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 205 Wells Fargo Dr		Transaction ID: 71004.C83459	
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	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 ▼ 211.60		

SUBTOTAL of Receipts This Page (optional) ▶	161.38
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 / 78
	<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. Joan Stafslie		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	4		2	0	0	7													
Mailing Address 3140 Dusty Trail		Transaction ID: 71004.C83568																				
City Olivenhain	State CA	Zip Code 92024																				
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, General Counsel	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Payroll Deduction: (25.00- /Pay Period)																				

Full Name (Last, First, Middle Initial) B. Mark Stauffer		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	4		2	0	0	7													
Mailing Address 10644 Dundee Ct		Transaction ID: 71004.C83653																				
City Powell	State OH	Zip Code 43065																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.65																				
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.75	Payroll Deduction: (58.65- /Pay Period)																				

Full Name (Last, First, Middle Initial) C. Mark Stauffer		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	0	7													
Mailing Address 10644 Dundee Ct		Transaction ID: 71004.C83904																				
City Powell	State OH	Zip Code 43065																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.99																				
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1095.74	Payroll Deduction: (59.99- /Pay Period)																				

SUBTOTAL of Receipts This Page (optional)	168.64
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 66 / 78
	<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. Suzanne Stoddard		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address P.o. Box 812		Transaction ID: 71004.C83487
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.94
Name of Employer Cardinal Health, Inc	Occupation Dir, Investor Relations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.86	Payroll Deduction: (12.94- /Pay Period)

Full Name (Last, First, Middle Initial) B. Suzanne Stoddard		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address P.o. Box 812		Transaction ID: 71004.C83740
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.20
Name of Employer Cardinal Health, Inc	Occupation Dir, Investor Relations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.06	Payroll Deduction: (13.20- /Pay Period)

Full Name (Last, First, Middle Initial) C. Greg Storm		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 7703 E 85th St		Transaction ID: 71004.C83481
City Tulsa	State OK	Zip Code 74133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.26
Name of Employer Cardinal Health, Inc	Occupation Mgr, Proc Supply Chain Solutns	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.60	Payroll Deduction: (11.63- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	49.40
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 67 / 78
	<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 09 / 14 / 2007
Mailing Address 251 E Witchwood Ln		Transaction ID: 71004.C83543
City State Zip Code Lake Bluff IL 60044	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, Gloves	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Robert Summers		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 146 Chasely Circle		Transaction ID: 71004.C83575
City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.96
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 ▼ 493.24	Payroll Deduction: (25.96- /Pay Period)

Full Name (Last, First, Middle Initial) C. Robert Summers		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 146 Chasely Circle		Transaction ID: 71004.C83826
City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.87
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 ▼ 520.11	Payroll Deduction: (26.87- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	92.83
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 / 78
	<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 0 9 / 1 4 / 2 0 0 7
Mailing Address 6315 Duffy Rd		Transaction ID: 71004.C83572
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 ▼ 500.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Gordon Troup		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 4627 Stockport Cir		Transaction ID: 71004.C83476
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Nuclear Pharmacy Svcs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.00	Payroll Deduction: (100.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Ethan Trull		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 2663 Marl Oak Dr		Transaction ID: 71004.C83509
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.48
Name of Employer Cardinal Health, Inc	Occupation Vp And Assoc General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.80	Payroll Deduction: (16.24- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	282.48
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 69 / 78
	<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. Kristina Tuttle		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 8187 Shannon Glen Blvd		Transaction ID: 71004.C83482
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 11.70	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.30	
		Payroll Deduction: (11.70- /Pay Period)

Full Name (Last, First, Middle Initial) B. Kristina Tuttle		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 8187 Shannon Glen Blvd		Transaction ID: 71004.C83737
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 12.19	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.49	
		Payroll Deduction: (12.19- /Pay Period)

Full Name (Last, First, Middle Initial) C. Richard Walsh		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 8722 Sweetwater Ct		Transaction ID: 71004.C83611
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 41.50	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.78	
		Payroll Deduction: (41.50- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶	65.39
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 70 / 78
	<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. Richard Walsh		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 8722 Sweetwater Ct		Transaction ID: 71004.C83862	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 42.95		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 803.73		
		Payroll Deduction: (42.95- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Robert Walter		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 71004.C83516	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 384.04		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3840.40		
		Payroll Deduction: (192.0- 2/Pay Period)	

Full Name (Last, First, Middle Initial) C. Carole Watkins		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1967 Woodlands Place		Transaction ID: 71004.C83523	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chief Human Resources Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2323.00		
		Payroll Deduction: (192.3- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	811.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 78
	<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. Rodney Whitmore		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 7159 Drucilla St Nw		Transaction ID: 71004.C83472	
City State Zip Code Pickerington OH 43147		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Svp, Hr Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Dwight Winstead		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 2540 Presidio Dr		Transaction ID: 71004.C83525	
City State Zip Code San Diego CA 92103		Amount of Each Receipt this Period 384.60	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Group President, Cts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1923.00	
		Payroll Deduction: (192.3-0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Deborah Wolin		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 44 Lake Mist Drive		Transaction ID: 71004.C83546	
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 ▼ 400.00	
		Payroll Deduction: (20.00-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	624.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 78
	<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. Anthony Woo		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 6151 Haddo Way		Transaction ID: 71004.C83551	
City State Zip Code Dublin OH 43017	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, Corporate Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.94		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Connie Woodburn		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 9761 Erin Woods Dr		Transaction ID: 71004.C83488	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 128.08		
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 ▼ 2433.52		
		Payroll Deduction: (128.0-8/Pay Period)	

Full Name (Last, First, Middle Initial) C. Connie Woodburn		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 9761 Erin Woods Dr		Transaction ID: 71004.C83744	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 132.69		
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 ▼ 2566.21		
		Payroll Deduction: (132.6-9/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	300.77
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:		PAGE 73 / 78	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)
James Worley

Mailing Address 5101 Nyah Court

City State Zip Code
Galena OH 43021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	7

Transaction ID: 71004.C83637

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	14403.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 74 / 78	
	(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 ▼
 5955.01

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2007

Transaction ID: 70905.C83165

Amount of Each Receipt this Period
 717.62

Interest Received

SUBTOTAL of Receipts This Page (optional)	717.62
TOTAL This Period (last page this line number only)	717.62

**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 75 / 78

<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. Brian Bilbray for Congress		Transaction ID: 71004.E985 Date of Disbursement 09 / 13 / 2007
Mailing Address P.O. Box 455		Amount of Each Disbursement this Period 1000.00
City Rancho Santa Fe	State CA	
Zip Code 92067-		
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name BRIAN P BILBRAY		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: CA District: 50		

Full Name (Last, First, Middle Initial) B. Cmte to Re-Elect Artur Davis to Congress		Transaction ID: 70905.E982 Date of Disbursement 09 / 04 / 2007
Mailing Address PO Box 1845		Amount of Each Disbursement this Period 1000.00
City Birmingham	State AL	
Zip Code 35201-1845		
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name ARTUR G DAVIS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: AL District: 7		

Full Name (Last, First, Middle Initial) C. Friends of Sam Johnson		Transaction ID: 70905.E980 Date of Disbursement 09 / 04 / 2007
Mailing Address 2501 Wisconsin Avenue Suite 304		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20007-		
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name SAMUEL ROBERT JOHNSON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: TX District: 03		

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Trent Lott for Mississippi		Transaction ID: 71004.E986 Date of Disbursement 09 / 26 / 2007
Mailing Address P.O. Box 22824		Amount of Each Disbursement this Period 2000.00
City Jackson State MS Zip Code 39225-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name TRENT LOTT		DIRECT CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sue Myrick for Congress		Transaction ID: 70905.E981 Date of Disbursement 09 / 04 / 2007
Mailing Address 2501 Wisconsin Avenue Suite 304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name SUE MYRICK		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Ross for Congress		Transaction ID: 70905.E983 Date of Disbursement 09 / 04 / 2007
Mailing Address P.O. Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857-0360	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MICHAEL AVERY ROSS		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Todd Eachus		Transaction ID: 71004.E984 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 2174		Amount of Each Disbursement this Period 500.00
City Hazleton State PA Zip Code 18201-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee to Elect Bill Harris		Transaction ID: 71004.E987 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1238 Township Road #1506		Amount of Each Disbursement this Period 5000.00
City Ashland State OH Zip Code 44805-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect McCall		Transaction ID: 71004.E989 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 244		Amount of Each Disbursement this Period 500.00
City Lansford State PA Zip Code 18232-0244	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 78

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

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

Full Name (Last, First, Middle Initial) A. Citizens for Stivers		Transaction ID: 71004.E988 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7	
Mailing Address 2500 Sherwin Road		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH	Zip Code 43221-	Category/ Type
Purpose of Disbursement DIRECT CONTRIBUTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	7000.00