

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JAMES W. HOEBERLING

Signature of Treasurer Electronically Filed by JAMES W. HOEBERLING Date 11 05 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		179267.79
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	215520.23									
(c) Total Receipts (from Line 19)	16729.28	153046.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	232249.51	332314.51								
7. Total Disbursements (from Line 31)	17500.00	117565.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	214749.51	214749.51								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	15380.80	105467.08
(i) Itemized (use Schedule A)	636.68	40912.83
(ii) Unitemized	16017.48	146379.91
(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)	16017.48	146379.91
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.)	711.80	6666.81
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))	16729.28	153046.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16729.28	153046.72

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	58000.00
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.....	10500.00	56500.00
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))..	17500.00	117565.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17500.00	117565.00

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)	16017.48	146379.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16017.48	146379.91
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 / 73
	<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 M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2811 Autumn Lake Dr		Transaction ID: 71105.C84075
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 ▼ 317.35	Payroll Deduction: (28.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. Michael Ambrose		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4303 Aldon Court		Transaction ID: 71105.C83936
City Palm Harbor	State FL	Zip Code 34685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vice President Of Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. David Anderson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 15917 Willis Way		Transaction ID: 71105.C84149
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 ▼ 854.59	Payroll Deduction: (57.69- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	193.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<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. Charles Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6864 Rob Roy Drive		Transaction ID: 71105.C84060
City Dublin	State OH	Zip Code 43017-8084
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.70	
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 ▼ 489.97	Payroll Deduction: (22.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. Cassandra Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1672 Barrington Rd		Transaction ID: 71105.C84108
City Upper Arlington	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.62	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gov't Relations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 848.42	Payroll Deduction: (42.62- /Pay Period)

Full Name (Last, First, Middle Initial) C. Cassandra Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1672 Barrington Rd		Transaction ID: 71105.C84393
City Upper Arlington	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 53.27	
Name of Employer Cardinal Health, Inc	Occupation Vp, Gov't Relations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 901.69	Payroll Deduction: (53.27- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	141.59
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 8 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Balzer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3510 Deep Cove Dr		Transaction ID: 71105.C83960	
City State Zip Code Cumming GA 30041	Amount of Each Receipt this Period 21.32		Receipt Payroll Deduction: (10.66- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Cardinal Health, Inc	Occupation Mgr li, Logistics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.63		

Full Name (Last, First, Middle Initial) B. James Barker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2761 Skelton Ln		Transaction ID: 71105.C84070	
City State Zip Code Blacklick OH 43004	Amount of Each Receipt this Period 52.00		Receipt Payroll Deduction: (26.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Cardinal Health, Inc	Occupation Vp, Purchasing - Glbl Supp Sol		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.88		

Full Name (Last, First, Middle Initial) C. Gregory Baumli		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 14566 Somerset Cir		Transaction ID: 71105.C84072	
City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 52.68		Receipt Payroll Deduction: (26.34- /Pay Period)
FEC ID number of contributing federal political committee. C			
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 ▼ 564.85		

SUBTOTAL of Receipts This Page (optional) ▶	126.00
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 9 / 73
	<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. Johnni Beckel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3680 Nicoya Court		Transaction ID: 71105.C83965
City Lewis Center	State OH	Zip Code 43035
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, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	Payroll Deduction: (100.0-0/Pay Period)

Full Name (Last, First, Middle Initial) B. Laurel Beeler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1723 Eagle Trl		Transaction ID: 71105.C84064
City Oxford	State MI	Zip Code 48371
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Reg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	Payroll Deduction: (25.00-/Pay Period)

Full Name (Last, First, Middle Initial) C. Porter Bertelson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6895 Macneil Dr		Transaction ID: 71105.C84092
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 74.62
Name of Employer Cardinal Health, Inc	Occupation Vp, Hospital Pharma Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.30	Payroll Deduction: (37.31-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	324.62
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 73
	<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)
Shelley Bird

Mailing Address 7998 Caraway Ave

City State Zip Code
Dublin OH 43016

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

Name of Employer Cardinal Health, Inc Occupation Evp,communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83963

Amount of Each Receipt this Period
200.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Timothy Boes

Mailing Address 103 La Trobe Ct

City State Zip Code
Southlake TX 76092

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1911.33

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84161

Amount of Each Receipt this Period
179.44

Receipt

Payroll Deduction: (89.72-/Pay Period)

C. Full Name (Last, First, Middle Initial)
James Bonanni

Mailing Address 7511 Plum Hollow Cir

City State Zip Code
Liverpool NY 13090

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83926

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	399.44
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 11 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy Booth		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7368 Tottenham Place		Transaction ID: 71105.C83927	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Vend Mgmt And Metrics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Scott Bostick		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1546 Vivaldi Drive		Transaction ID: 71105.C84106	
City State Zip Code Cardiff CA 92007	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Gm-supply Chain Solution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Mark Branday		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 55 Island Blvd		Transaction ID: 71105.C84087	
City State Zip Code Fox Island WA 98333	Amount of Each Receipt this Period 65.92		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 704.03		
		Payroll Deduction: (32.96- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	165.92
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 12 / 73
	<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 Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7		
Mailing Address 3103 Saddle Ridge		Transaction ID: 71105.C83993		
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 28.46		Receipt Payroll Deduction: (14.23- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Pharm Operations	Aggregate Year-to-Date ▼ 313.06		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Thomas Burke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7		
Mailing Address 21 Parsons Drive		Transaction ID: 71105.C84058		
City State Zip Code Swampscott MA 01907	Amount of Each Receipt this Period 43.84		Receipt Payroll Deduction: (21.92- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Supply Solutions	Aggregate Year-to-Date ▼ 470.27		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Charles Burwell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7		
Mailing Address 4125 Via Cangrejo		Transaction ID: 71105.C84143		
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 100.00		Receipt Payroll Deduction: (50.00- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Development	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	172.30
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 / 73
	<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 1 0 / 1 2 / 2 0 0 7
Mailing Address 5151 Woodbridge Dr		Transaction ID: 71105.C84139
City Powell	State OH	Zip Code 43065
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, Global Financial Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	Payroll Deduction: (50.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Gary Cacciatore		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3810 Loch Glen Court		Transaction ID: 71105.C84089
City Houston	State TX	Zip Code 77059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Regulatory Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 678.02	Payroll Deduction: (33.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Thomas Calhoun		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5n496 W Lakeview Cir		Transaction ID: 71105.C84076
City St Charles	State IL	Zip Code 60175
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.86
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 ▼ 620.31	Payroll Deduction: (28.93- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	223.86
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 14 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven Callison		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1368 Lincoln Road		Transaction ID: 71105.C84004
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.92
Name of Employer Cardinal Health, Inc	Occupation Vp, Enterprise It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.43	Payroll Deduction: (15.96- /Pay Period)

Full Name (Last, First, Middle Initial) B. Anthony Caprio		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6 Cottage Lane		Transaction ID: 71105.C83964
City Marlboro	State NJ	Zip Code 07746
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, Ips Sales Ne	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	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 1 0 / 1 2 / 2 0 0 7
Mailing Address 4862 Vista Ridge Dr		Transaction ID: 71105.C84057
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.26
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 ▼ 463.89	Payroll Deduction: (21.63- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	275.18
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 / 73
<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)
 Kerry Clark

Mailing Address 8515 Fox Cub Lane

City State Zip Code
 Cincinnati OH 45243

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

Name of Employer Cardinal Health, Inc Occupation President/ceo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84022

Amount of Each Receipt this Period
 384.60

Receipt

Payroll Deduction: (192.3-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
 Mary Ann Clyburn

Mailing Address 24262 Cataluna Cir

City State Zip Code
 Mission Viejo CA 92691

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

Name of Employer Cardinal Health, Inc Occupation Mgr, Program-ips

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.87

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83962

Amount of Each Receipt this Period
 21.90

Receipt

Payroll Deduction: (10.95-/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Jack Coffey

Mailing Address 8191 Winchcombe Dr

City State Zip Code
 Dublin OH 43016

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

Name of Employer Cardinal Health, Inc Occupation Svp, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83970

Amount of Each Receipt this Period
 200.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	606.50
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 / 73
	<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 Cooney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2211 Briarglen #507		Transaction ID: 71105.C83976	
City State Zip Code Houston TX 77027	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 ▼ 1532.90		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Bonita Court		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1306 Downs Parkway		Transaction ID: 71105.C84061	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 46.44		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Sr Mgr, Sls & Mktg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 493.93		
		Payroll Deduction: (23.22-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Leland Cox		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 43 N Ohio Ave		Transaction ID: 71105.C83974	
City State Zip Code Columbus OH 43203	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, National Chain Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		
		Payroll Deduction: (100.0-0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	446.44
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 17 / 73
	<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)
John Cullivan

Mailing Address 1 Miranova Place
#910

City Columbus State OH Zip Code 43215

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

Name of Employer Cardinal Health, Inc Occupation Svp, Strategic Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84005

Amount of Each Receipt this Period
307.70

Receipt

Payroll Deduction: (153.8-5/Pay Period)

B. 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**

Name of Employer Cardinal Health, Inc Occupation Evp, Global Shared Svc & C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84147

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00-/Pay Period)

C. Full Name (Last, First, Middle Initial)
Ronald Dedels

Mailing Address 8371 Dolman Drive

City Powell State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84009

Amount of Each Receipt this Period
33.28

Receipt

Payroll Deduction: (16.64-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	440.98
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 73
	<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 Derleth		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1510 Woodvale Ave		Transaction ID: 71105.C84141
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Cardinal Health, Inc	Occupation Evp, Ips Health Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	Payroll Deduction: (50.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. John Dexheimer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1521 Towne Dr		Transaction ID: 71105.C83940
City Ellisville	State MO	Zip Code 63011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Cardinal Health, Inc	Occupation Dir, Training & Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Ted Dibiase		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8103 Catalina Island Drive		Transaction ID: 71105.C84156
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 ▼ 1346.40	Payroll Deduction: (61.20- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	242.40
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 19 / 73
	<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) Kurt Dieck Mailing Address 7037 Lake Trail Dr City State Zip Code Westerville OH 43082 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C83969 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Svp, Strategy & Bus Dev - Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		

B. Full Name (Last, First, Middle Initial) Nancy Dixon Mailing Address 7002 Brodie Blvd City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C83961 Amount of Each Receipt this Period 21.36 Receipt Payroll Deduction: (10.68-/Pay Period)
Name of Employer: Cardinal Health, Inc Occupation: Black Belt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.96		

C. Full Name (Last, First, Middle Initial) Gary Dolch Mailing Address 8382 Deep Run City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C84017 Amount of Each Receipt this Period 384.60 Receipt Payroll Deduction: (192.3-0/Pay Period)
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 ▼ 2699.90		

SUBTOTAL of Receipts This Page (optional)	605.96
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 20 / 73
	<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. Michele Donatich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 520 Penny Lane		Transaction ID: 71105.C83986	
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 24.64		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Dir, Qlty Sys	Payroll Deduction: (12.32- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.06		

Full Name (Last, First, Middle Initial) B. Michael Duffy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6825 Macneil Drive		Transaction ID: 71105.C84046	
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 Evp, Operations	Payroll Deduction: (20.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Joseph Dunsmore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 8206 Shannon Glen		Transaction ID: 71105.C83946	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Business Partners	Payroll Deduction: (10.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	84.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 / 73
<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. Charles Echols		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5369 Lake Shore Ave		Transaction ID: 71105.C84003	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 31.16		
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 ▼ 334.21		
		Payroll Deduction: (15.58- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Joel Efken		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 109 Avalon Valley Ln		Transaction ID: 71105.C83984	
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 ▼ 264.00		
		Payroll Deduction: (12.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. James Egan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4650 Aberdeen Ave		Transaction ID: 71105.C84073	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 54.86		
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 ▼ 587.12		
		Payroll Deduction: (27.43- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	110.02
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 22 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Gary Ellis Mailing Address 6146 Balmoral Drive City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C83972 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer Cardinal Health, Inc Occupation Svp, Branded Purchasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		

B. Full Name (Last, First, Middle Initial) Sue Ellen Erickson Mailing Address 21 Springfield 1a City State Zip Code Cranford NJ 07016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C84008 Amount of Each Receipt this Period 32.96 Receipt Payroll Deduction: (16.48-/Pay Period)
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 ▼ 356.48		

C. Full Name (Last, First, Middle Initial) Albert Estrada Mailing Address 1706 Pecan Crossing City State Zip Code Richmond TX 77469 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C83979 Amount of Each Receipt this Period 22.80 Receipt Payroll Deduction: (11.40-/Pay Period)
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 ▼ 237.56		

SUBTOTAL of Receipts This Page (optional)	255.76
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 / 73
	<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. Leeann Evensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1423 Shady Valley		Transaction ID: 71105.C83999	
City State Zip Code Sugar Land TX 77479		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, Application & Support		Payroll Deduction: (15.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 330.00	

Full Name (Last, First, Middle Initial) B. Brik Eyre		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 716 Paradise Ln		Transaction ID: 71105.C84068	
City State Zip Code Libertyville IL 60048		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 Pres/gm, Presource Products		Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 385.00	

Full Name (Last, First, Middle Initial) C. Stephen Falk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2480 Sandover Rd		Transaction ID: 71105.C83967	
City State Zip Code Columbus OH 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		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 1300.00	

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 73
<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. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1163 Vineyard Dr		Transaction ID: 71105.C84112
City State Zip Code Gurnee IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 47.97
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 976.59	Payroll Deduction: (47.97- /Pay Period)

Full Name (Last, First, Middle Initial) B. Jo Anne Fasetti		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1163 Vineyard Dr		Transaction ID: 71105.C84351
City State Zip Code Gurnee IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 4.80
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 981.39	Payroll Deduction: (4.80- /Pay Period)

Full Name (Last, First, Middle Initial) C. Nathaniel Filler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 7639 Presidium Loop		Transaction ID: 71105.C83995
City State Zip Code Galena OH 43021	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, Gov't Relations - St	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	Payroll Deduction: (15.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	82.77
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen Flannery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 275 East Center St		Transaction ID: 71105.C84012	
City State Zip Code Shavertown PA 18708	Amount of Each Receipt this Period 36.72		
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 ▼ 388.78		
		Payroll Deduction: (18.36- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Ivan Fong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 21 S. Parkview Ave.		Transaction ID: 71105.C84018	
City State Zip Code Columbus OH 43209	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Chief Legal Officer & Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90		
		Payroll Deduction: (192.3- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Elizabeth Ford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2262 Yorkshire Road		Transaction ID: 71105.C84140	
City State Zip Code Upper Arlington OH 43221	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 Vp, Legal Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	521.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 73
	<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 Fries		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4491 Hickory Rock Dr		Transaction ID: 71105.C83996	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Order To Cash Program		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		
		Payroll Deduction: (15.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Edmund Fry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1 Miranova Pl. Apt. 2040		Transaction ID: 71105.C83975	
City State Zip Code Columbus OH 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 ▼ 1100.00		
		Payroll Deduction: (100.0- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Joshua Gaines		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5721 Clover Lane Drive		Transaction ID: 71105.C84063	
City State Zip Code Westerville OH 43081	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 Counsel, Asst General		
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) ▶	280.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Giacalone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7471 Balfoure Circle		Transaction ID: 71105.C84111	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 91.82		
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 ▼ 926.26		
		Payroll Deduction: (45.91- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Mary Gibson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 433 Caren Drive		Transaction ID: 71105.C83941	
City State Zip Code Buffalo Grove IL 60089	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. James Gill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1529 Woodvale Avenue		Transaction ID: 71105.C84001	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Strat Initiatives		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		
		Payroll Deduction: (15.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	141.82
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Glover		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5633 N Kostner Ave		Transaction ID: 71105.C84078	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 58.92		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Health Systems	Payroll Deduction: (29.46- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 629.12		

Full Name (Last, First, Middle Initial) B. David Goldsberry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 321 St Andrews Ln		Transaction ID: 71105.C84015	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 39.82		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Svp, Govt Sales & Operatio	Payroll Deduction: (19.91- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.68		

Full Name (Last, First, Middle Initial) C. David Gonzales		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 384 Colorado Drive		Transaction ID: 71105.C84145	
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	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 ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	198.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Theresa Gould		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3418 Big Hickory Dr.		Transaction ID: 71105.C84013
City Kingwood	State TX	Zip Code 77345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.16
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 ▼ 394.89	Payroll Deduction: (18.58- /Pay Period)

Full Name (Last, First, Middle Initial) B. Scott Gregg		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10682 Scarborough Way		Transaction ID: 71105.C84066
City Powell	State OH	Zip Code 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 ▼ 275.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Groesbeck		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 33916 Summerfield		Transaction ID: 71105.C84014
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.14
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 ▼ 399.09	Payroll Deduction: (19.57- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	126.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 73
	<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 Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6678 Willow Grove Ln Circle #1502		Transaction ID: 71105.C84086	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 62.38
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 ▼ 668.89		

Full Name (Last, First, Middle Initial) B. Gregory Halvacs		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4964 Olentangy River River Rd		Transaction ID: 71105.C84137	
City Delaware	State OH	Zip Code 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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Charles Ham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3127 Lafayette		Transaction ID: 71105.C83957	
City Houston	State TX	Zip Code 77005	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Clinical Affairs	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	182.38
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 31 / 73
	<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 1 0 / 1 2 / 2 0 0 7
Mailing Address 5622 Dorsey Drive		Transaction ID: 71105.C84062
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.08
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 ▼ 508.17	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 1 0 / 1 2 / 2 0 0 7
Mailing Address 7677 Tartan Fields Dr		Transaction ID: 71105.C83968
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 Svp, Global Mftr Serv & Lo	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.77	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 1 0 / 1 2 / 2 0 0 7
Mailing Address 1761 Roxbury Rd		Transaction ID: 71105.C83982
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 223.80
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 ▼ 2380.10	Payroll Deduction: (111.9- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	471.88
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 73
	<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 Heard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8106 Bulrush Canyon Trail		Transaction ID: 71105.C84067
City Katy	State TX	Amount of Each Receipt this Period 50.00
Zip Code 77494	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Health Systems	Payroll Deduction: (25.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Henderson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 347 Morgan Ln		Transaction ID: 71105.C84043
City Gahanna	State OH	Amount of Each Receipt this Period 40.00
Zip Code 43230	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Chief Financial Officer	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mark Henderson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6308 Mccoy		Transaction ID: 71105.C84164
City Shawnee	State KS	Amount of Each Receipt this Period 19.38
Zip Code 66226	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, Reg	Payroll Deduction: (9.69- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.20	

SUBTOTAL of Receipts This Page (optional)	▶	109.38
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 33 / 73
	<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 Hethcox		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5442 Haverhill Drive		Transaction ID: 71105.C84090	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 66.70		
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 ▼ 721.16		
		Payroll Deduction: (33.35- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Jay Hexamer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 770 Westwind Ln		Transaction ID: 71105.C83991	
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period 13.79		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Scientific Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.90		
		Payroll Deduction: (13.79- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Jay Hexamer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 770 Westwind Ln		Transaction ID: 71105.C84237	
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period 14.42		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Scientific Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.32		
		Payroll Deduction: (14.42- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	94.91
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregg Hiller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5614 Kipling Parkway Apt. 307		Transaction ID: 71105.C83951	
City Arvada	State CO	Zip Code 80002	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Homan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 520 Eden Park Drive Apt # 17103		Transaction ID: 71105.C83989	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 26.64
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.10		
		Payroll Deduction: (13.32- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Justin Hooper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7670 Early Meadow Rd		Transaction ID: 71105.C83932	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	66.64
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Howard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 305 Vine Ct		Transaction ID: 71105.C83997	
City Mandeville	State LA	Zip Code 70448	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Cnslt, Franchise Business		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		
		Payroll Deduction: (15.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Lori Huber		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 10091 Juliana Circle		Transaction ID: 71105.C83934	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Wendy Hufford		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5303 Rosalind Blvd.		Transaction ID: 71105.C84105	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp & Associate General Cou		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		
		Payroll Deduction: (40.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 73
	<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 Hunt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 10208 Hollybrook Dr		Transaction ID: 71105.C83994	
City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 29.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.94		
		Payroll Deduction: (14.50- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Stephen Inacker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1490 S Ridge Rd		Transaction ID: 71105.C84085	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 62.30		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Pres/gm, Presource Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 659.84		
		Payroll Deduction: (31.15- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Brian Jackson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9055 Tartan Flds Dr		Transaction ID: 71105.C84006	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00		
		Payroll Deduction: (16.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	123.30
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 / 73
	<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. Stephen Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 221 W Lancaster Ave # 2012		Transaction ID: 71105.C84084	
City Fort Worth	State TX	Zip Code 76102	Amount of Each Receipt this Period 61.40
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, South Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 658.49		
Payroll Deduction: (30.70- /Pay Period)			

Full Name (Last, First, Middle Initial) B. Cheryl Kahn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3049 Maple Leaf		Transaction ID: 71105.C83939	
City Glenview	State IL	Zip Code 60026	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Counsel, Sr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
Payroll Deduction: (10.00- /Pay Period)			

Full Name (Last, First, Middle Initial) C. Remi Kajogbola		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 15751 Sheridan St #149		Transaction ID: 71105.C84150	
City Fort Lauderdale	State FL	Zip Code 33331	Amount of Each Receipt this Period 117.42
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 ▼ 1254.00		
Payroll Deduction: (58.71- /Pay Period)			

SUBTOTAL of Receipts This Page (optional) ▶	198.82
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 38 / 73
	<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. Michael Kaufmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7160 Temperance Point St		Transaction ID: 71105.C84019	
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 ▼ 2225.30		
		Payroll Deduction: (192.3-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Philip Kelly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address P.o. Box 8695		Transaction ID: 71105.C83981	
City State Zip Code Gurnee IL 60031-8695	Amount of Each Receipt this Period 23.34		
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 ▼ 246.10		
		Payroll Deduction: (11.67-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Michael Kennedy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4783 Vista Ridge Dr		Transaction ID: 71105.C84083	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 60.48		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 641.15		
		Payroll Deduction: (30.24-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	468.42
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 39 / 73
	<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 Koester		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2122 Autumn Wood Dr		Transaction ID: 71105.C84000
City State Zip Code St Charles MO 63303	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Operations - Ellipticare	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Kenneth Kohler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 694 Hampton Rd Grosse		Transaction ID: 71105.C83943
City State Zip Code Point Woods MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Supply Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. William Koons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4650 Links Village D Unit A704		Transaction ID: 71105.C83930
City State Zip Code Ponce Inlet FL 32127	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Solutions	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	70.00
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 40 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Thomas 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 ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83983

Amount of Each Receipt this Period
24.00

Receipt

Payroll Deduction: (12.00- /Pay Period)

B. 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 ▼ 562.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84071

Amount of Each Receipt this Period
52.42

Receipt

Payroll Deduction: (26.21- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Cornelius Lane

Mailing Address 15 Southridge

City State Zip Code
St Louis MO 63122

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

Name of Employer Cardinal Health, Inc Occupation Dir, Franchise Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83948

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	96.42
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 41 / 73
	<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. Jeanne Lasheff		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 220 W Lincoln Ave		Transaction ID: 71105.C84002	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 30.66		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Enterprise It	Payroll Deduction: (15.33- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.71		

Full Name (Last, First, Middle Initial) B. Margaret Lavalle		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9410 Culross Ct		Transaction ID: 71105.C84136	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Svp, Enterprise It	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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Steve Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4868 Carrigan Ridge		Transaction ID: 71105.C83971	
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, Mrkng, Retail/alt 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 ▼ 1750.43		

SUBTOTAL of Receipts This Page (optional) ▶	330.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 73
	<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 1 0 / 1 2 / 2 0 0 7
Mailing Address 95 Arboretum Dr		Transaction ID: 71105.C84055
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 ▼ 430.44	Payroll Deduction: (21.42- /Pay Period)

Full Name (Last, First, Middle Initial) B. James Leitl		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 95 Arboretum Dr		Transaction ID: 71105.C84303
City North Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.49
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 ▼ 452.93	Payroll Deduction: (22.49- /Pay Period)

Full Name (Last, First, Middle Initial) C. Douglas Lester		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 12666 Spindletop Rd		Transaction ID: 71105.C83958
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.06
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 ▼ 225.77	Payroll Deduction: (10.53- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	64.97
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 73
	<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. William Lukefahr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 14520 Memorial Drive Suite M124		Transaction ID: 71105.C83947	
City State Zip Code Houston TX 77079	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Internal Application Devel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michael Lynch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 550 E Rosemary		Transaction ID: 71105.C84020	
City State Zip Code Lake Forest IL 60045	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 Pres, Med Products Mfg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3923.00		
		Payroll Deduction: (192.3- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Donna Mann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6666 Mcvey Blvd		Transaction ID: 71105.C84059	
City State Zip Code West Worthington OH 43235	Amount of Each Receipt this Period 45.66		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Hr Svc Delivery/transform		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.49		
		Payroll Deduction: (22.83- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	450.26
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 44 / 73
	<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. Robin Martial		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1741 Haggin Grove W		Transaction ID: 71105.C84053	
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Evp, Sales & Mktg- Hlth Sy	Payroll Deduction: (20.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Timothy Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9709 Turner Ln		Transaction ID: 71105.C83949	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc Occupation Vp, Specialty Sales	Payroll Deduction: (10.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Janice McCampbell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 71a Harpesford Ave Virginia Water		Transaction ID: 71105.C84091	
City State Zip Code Dublin OH 43017	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	Payroll Deduction: (35.54- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.19		

SUBTOTAL of Receipts This Page (optional) ▶	111.08
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 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Lindy Mclean Mailing Address 7272 Black Abbey Ct City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C84088 Amount of Each Receipt this Period 66.14 Receipt Payroll Deduction: (33.07- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Mgr, Key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 573.84		

B. Full Name (Last, First, Middle Initial) Craig Mcmillian Mailing Address 26935 Colonial Lane City State Zip Code Valencia CA 91355 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C83956 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer Cardinal Health, Inc Occupation Dir, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

C. 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Transaction ID: 71105.C84107 Amount of Each Receipt this Period 80.00 Receipt Payroll Deduction: (40.00- /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 ▼ 880.00		

SUBTOTAL of Receipts This Page (optional)	166.14
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 46 / 73
	<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 Morford		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5540 Scarlet Maple		Transaction ID: 71105.C83935
City Milford	State OH	Zip Code 45150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Marc Mullen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1650 Sherborne Lane		Transaction ID: 71105.C84146
City Powell	State OH	Zip Code 43065
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, Sales & Marketing	Receipt
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) C. Robert Murphy		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10201 Sylvian Dr		Transaction ID: 71105.C83954
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Ips Health Systems	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 73
	<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. Jimmy Neil		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 328 Claydon Way		Transaction ID: 71105.C83944
City Sacramento	State CA	Zip Code 95864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Dir, Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Frederick Nelson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 7303 Deacon Court		Transaction ID: 71105.C84093
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.78
Name of Employer Cardinal Health, Inc	Occupation Vp, Integrated Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 823.30	Payroll Deduction: (38.39- /Pay Period)

Full Name (Last, First, Middle Initial) C. James Nuckols		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1740 Dylan Way		Transaction ID: 71105.C83978
City Encinitas	State CA	Zip Code 92024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardinal Health, Inc	Occupation Vp, Marketing, Medication Tech	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	296.78
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 / 73
	<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 Orscheln

Mailing Address 601 Buckingham Pl

City State Zip Code
Libertyville IL 60048

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

Name of Employer Cardinal Health, Inc Occupation Svp/gm, Ambulatory Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84051

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

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

Mailing Address 900 Wyndham Hill Ct

City State Zip Code
Southlake TX 76092

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.04

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84011

Amount of Each Receipt this Period
35.04

Receipt

Payroll Deduction: (17.52- /Pay Period)

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

Mailing Address 7558 Heatherwood Ln

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Svp, Operational Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.04

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83920

Amount of Each Receipt this Period
2.00

Receipt

Payroll Deduction: (1.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	77.04
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9109 Eversole Run Rd

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83953

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Angela Perkins

Mailing Address 615 N Beverly Lane

City State Zip Code
Arlington Heights IL 60004

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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84142

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Thomas Perrine

Mailing Address 7249 Landon Lane

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84138

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 50 / 73
	<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)
Vicki Perryman

Mailing Address 2000 Loch Lomond Dr

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Svp, Customer Service

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84049

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Kevin Peters

Mailing Address 465 Fourth Fairway Dr

City State Zip Code
Roswell GA 30076

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1101.54

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84134

Amount of Each Receipt this Period
100.14

Receipt

Payroll Deduction: (50.07- /Pay Period)

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

Mailing Address 147 Wynnfield Blvd

City State Zip Code
Mcdonough GA 30252

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

Name of Employer Cardinal Health, Inc Occupation Controller, Regional Southeast

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83931

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	160.14
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 51 / 73
	<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. Aaron Pitts		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5014 Closeburn Ct		Transaction ID: 71105.C83990
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 ▼ 296.12	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 1 0 / 1 2 / 2 0 0 7
Mailing Address 3526 Pembroke Dr		Transaction ID: 71105.C84157
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.54
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 ▼ 1453.51	Payroll Deduction: (67.77- /Pay Period)

Full Name (Last, First, Middle Initial) C. John Polles		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 45 Knob Hill Circle		Transaction ID: 71105.C83950
City Canton	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Mgr, Reg Sp Lab	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	182.46
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 73
	<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. Kathy Popejoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 11127 W 59th Ave		Transaction ID: 71105.C84056	
City Arvada	State CO	Zip Code 80004	Amount of Each Receipt this Period 43.24
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 ▼ 459.30		
		Payroll Deduction: (21.62- /Pay Period)	

Full Name (Last, First, Middle Initial) B. William Rampy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 103 Foxglove Ln		Transaction ID: 71105.C84148	
City Bentonville	State AR	Zip Code 72712	Amount of Each Receipt this Period 107.98
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 ▼ 1148.26		
		Payroll Deduction: (53.99- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Robert Randklev		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2711 Pebble Stone		Transaction ID: 71105.C84052	
City Grapevine	State TX	Zip Code 76051	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, Whse/dist South Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	191.22
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 / 73
	<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. Stephen Reardon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5078 Breckenhurst Dr		Transaction ID: 71105.C84041	
City State Zip Code Hilliard OH 43026	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 Vp, Qra	Payroll Deduction: (20.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. David Render		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6909 Maris Ct		Transaction ID: 71105.C83987	
City State Zip Code Burluson TX 76028	Amount of Each Receipt this Period 25.68		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Dir, Ops	Payroll Deduction: (12.84- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.03		

Full Name (Last, First, Middle Initial) C. Cynthia Rhomberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9379 Redan Court		Transaction ID: 71105.C84048	
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 Vp, Corp Marketing	Payroll Deduction: (20.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 73
	<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 Rosenbaum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6565 Lockhart Lane		Transaction ID: 71105.C84024	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Pres, Ips Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3807.60		
		Payroll Deduction: (192.3-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Annlea Rumfola		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 8314 Davington Dr		Transaction ID: 71105.C83924	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Vp, Enterprise It		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Claudia Russell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5064 Seagrove Cove		Transaction ID: 71105.C84110	
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 87.98		
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 ▼ 918.75		
		Payroll Deduction: (43.99-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	492.58
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 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Schlotterbeck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 12 Hermitage Lane		Transaction ID: 71105.C84021	
City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 384.60		Receipt Payroll Deduction: (192.3-0/Pay Period)
FEC ID number of contributing federal political committee. C			
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 ▼ 3399.90		

Full Name (Last, First, Middle Initial) B. Hal Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 200 Harbor Dr #901		Transaction ID: 71105.C83929	
City State Zip Code San Diego CA 92101	Amount of Each Receipt this Period 20.00		Receipt Payroll Deduction: (10.00-0/Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Cardinal Health, Inc	Occupation Dir, Product Assurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. James Scott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5893 Hunter Pl. Apartment D		Transaction ID: 71105.C83966	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 200.00		Receipt Payroll Deduction: (100.0-0/Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Cardinal Health, Inc	Occupation Svp, Alternate Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00		

SUBTOTAL of Receipts This Page (optional) ▶	604.60
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 56 / 73
	<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. Michael Scrase		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 8358 Davington		Transaction ID: 71105.C84074
City State Zip Code Dublin OH 43017	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 56.96
Name of Employer Cardinal Health, Inc	Occupation Director, Enterprise It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.66	Payroll Deduction: (28.48- /Pay Period)

Full Name (Last, First, Middle Initial) B. Frank Segrave		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 5371 Gordon Way		Transaction ID: 71105.C84026
City State Zip Code Dublin OH 43017	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, Generics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2507.60	Payroll Deduction: (192.3- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Steven Seide		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 30 Nutmeg Ln		Transaction ID: 71105.C84010
City State Zip Code North Andover MA 01845	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.60
Name of Employer Cardinal Health, Inc	Occupation Vp, Reg Ambulatory Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.25	Payroll Deduction: (16.80- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	475.16
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 73
	<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. Kendell Sherrer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7720 Heatherwood Ln		Transaction ID: 71105.C84054	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.42		
		Payroll Deduction: (20.11- /Pay Period)	

Full Name (Last, First, Middle Initial) B. David Shreiner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 225 Raintree Drive		Transaction ID: 71105.C83938	
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Svp, Medication Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Jesse Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 11014 Black Falls Ct		Transaction ID: 71105.C84144	
City State Zip Code Sugar Land TX 77478	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Cardinal Health, Inc	Occupation Mgr, Service - Technical		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
		Payroll Deduction: (50.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	160.22
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 / 73
	<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. William Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 205 Wells Fargo Dr		Transaction ID: 71105.C83959
City Knoxville	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.16
Name of Employer Cardinal Health, Inc	Occupation Mgr, Group It	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.76	Payroll Deduction: (10.58- /Pay Period)

Full Name (Last, First, Middle Initial) B. Joan Stafslie		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3140 Dusty Trail		Transaction ID: 71105.C84065
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 ▼ 300.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Mark Stauffer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10644 Dundee Ct		Transaction ID: 71105.C84151
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.98
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 ▼ 1215.72	Payroll Deduction: (59.99- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	191.14
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 59 / 73
	<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 1 0 / 1 2 / 2 0 0 7
Mailing Address P.o. Box 812		Transaction ID: 71105.C83988
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.40
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 ▼ 285.46	Payroll Deduction: (13.20- /Pay Period)

Full Name (Last, First, Middle Initial) B. Greg Storm		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 7703 E 85th St		Transaction ID: 71105.C83980
City Tulsa	State OK	Zip Code 74133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.63
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 ▼ 244.23	Payroll Deduction: (11.63- /Pay Period)

Full Name (Last, First, Middle Initial) C. Greg Storm		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 7703 E 85th St		Transaction ID: 71105.C84239
City Tulsa	State OK	Zip Code 74133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.81
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 ▼ 259.04	Payroll Deduction: (14.81- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	52.84
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 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dennis Streppa		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 251 E Witchwood Ln		Transaction ID: 71105.C84042
City Lake Bluff	State IL	Zip Code 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 ▼ 340.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. David Strizzi		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8468 Deep Run		Transaction ID: 71105.C83928
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Svp,warehouse Distribution	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Robert Summers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 146 Chasely Circle		Transaction ID: 71105.C84077
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.66
Name of Employer Cardinal Health, Inc	Occupation Vp, Mrkt -safety Net Sol	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 578.77	Payroll Deduction: (29.33- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	118.66
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 / 73
	<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. Michael Synor		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1272 Fairway Drive N		Transaction ID: 71105.C83925	
City State Zip Code Foristell MO 63348	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Dir, Sales - Retail		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Mary Jane Tew		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6315 Duffy Rd		Transaction ID: 71105.C84069	
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Field Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
		Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Lloyd Thurman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2527 Plantation Springs		Transaction ID: 71105.C83945	
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		Payroll Deduction: (10.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 62 / 73
	<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. Amy Treat		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4675 Bridle Path Lane		Transaction ID: 71105.C83952
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cardinal Health, Inc	Occupation Director, Business Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Gordon Troup		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4627 Stockport Cir		Transaction ID: 71105.C83977
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 ▼ 1210.00	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 1 0 / 1 2 / 2 0 0 7
Mailing Address 2663 Marl Oak Dr		Transaction ID: 71105.C84007
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 ▼ 357.28	Payroll Deduction: (16.24- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	252.48
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 63 / 73
	<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. Kristina Tuttle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 8187 Shannon Glen Blvd		Transaction ID: 71105.C83985	
City State Zip Code Dublin OH 43016		Amount of Each Receipt this Period 24.38	
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 ▼ 258.87	
		Payroll Deduction: (12.19- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Craig Vittitoe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 525 Havana Avenue		Transaction ID: 71105.C83955	
City State Zip Code Long Beach CA 90814		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc		Occupation Mgr, Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	
		Payroll Deduction: (10.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Richard Walsh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 8722 Sweetwater Ct		Transaction ID: 71105.C84109	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 85.90	
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 ▼ 889.63	
		Payroll Deduction: (42.95- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	130.28
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 64 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Robert Walter

Mailing Address 2423 North Ocean Blvd

City State Zip Code
Gulf Stream FL 33482

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

Name of Employer Cardinal Health, Inc Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4224.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84016

Amount of Each Receipt this Period
384.04

Receipt

Payroll Deduction: (192.0-2/Pay Period)

B. Full Name (Last, First, Middle Initial)
Carole Watkins

Mailing Address 1967 Woodlands Place

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Chief Human Resources Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2707.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84023

Amount of Each Receipt this Period
384.60

Receipt

Payroll Deduction: (192.3-0/Pay Period)

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

Mailing Address 3728 Deerfield St

City State Zip Code
High Point NC 27265

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

Name of Employer Cardinal Health, Inc Occupation Mgr, Facility

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83933

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	788.64
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 65 / 73
	<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 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7159 Drucilla St Nw		Transaction ID: 71105.C83973	
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 ▼ 1100.00	
		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 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2540 Presidio Dr		Transaction ID: 71105.C84025	
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 ▼ 2307.60	
		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 1 0 / 1 2 / 2 0 0 7	
Mailing Address 44 Lake Mist Drive		Transaction ID: 71105.C84045	
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 ▼ 440.00	
		Payroll Deduction: (20.00-/Pay Period)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 73
	<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 Wollar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 412 Albany Lane		Transaction ID: 71105.C83942
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Cnslt, App Architecture Sr	Payroll Deduction: (10.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Anthony Woo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6151 Haddo Way		Transaction ID: 71105.C84050
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	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.94	

Full Name (Last, First, Middle Initial) C. Connie Woodburn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 9761 Erin Woods Dr		Transaction ID: 71105.C83992
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 265.38	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Prof & Gov't Rel	Payroll Deduction: (132.6- 9/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2831.59	

SUBTOTAL of Receipts This Page (optional) ▶	325.38
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:	PAGE 67 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C84135

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

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

Mailing Address 3983 Newhall Rd

City State Zip Code
Columbus OH 43220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71105.C83937

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	15380.80

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 68 / 73	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address Po Box 75000 (mc 2250)

City State Zip Code
 Detroit MI 48275-2250

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Bank

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID: 71105.C83919

Amount of Each Receipt this Period

Interest Received

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="711.80"/>
TOTAL This Period (last page this line number only)	<input type="text" value="711.80"/>

**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. Friends of Max Baucus		Transaction ID: 71105.E1002 Date of Disbursement 10 / 29 / 2007
Mailing Address 236 Massachusetts Ave., NE Suite 603		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" 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: MT District: 00		

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 71105.E1003 Date of Disbursement 10 / 29 / 2007
Mailing Address 236 Massachusetts Ave., NE Suite 603		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		

Full Name (Last, First, Middle Initial) C. Dave Camp for Congress 2008		Transaction ID: 71004.E991 Date of Disbursement 10 / 01 / 2007
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640-6824	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name DAVID LEE CAMP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 70 / 73

<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

<p>A. Full Name (Last, First, Middle Initial) Enzi for U.S. Senate</p> <p>Mailing Address P.O. Box 2775</p> <p>City Cody State WY Zip Code 82414-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL B ENZI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 71004.E990</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) John Spratt for Congress</p> <p>Mailing Address P.O. Box 636</p> <p>City Annandale State VA Zip Code 22003-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN M JR SPRATT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 71105.E999</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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)

PAGE 71 / 73

<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. Republican Senate Campaign Committee		Transaction ID: 71105.E994 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4679 Winterset Dr		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43220-8113	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Category/ Type

Full Name (Last, First, Middle Initial) B. House Democratic Campaign Committee		Transaction ID: 71105.E1001 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 555		Amount of Each Disbursement this Period 500.00
City Harrisburg State PA Zip Code 17108-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Category/ Type

Full Name (Last, First, Middle Initial) C. Democratic State Senate Campaign Cmte		Transaction ID: 71105.E1000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 3792		Amount of Each Disbursement this Period 500.00
City Harrisburg State PA Zip Code 17105-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 72 / 73

<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 Carey		Transaction ID: 71105.E998 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 401 S. Arkansas Avenue		Amount of Each Disbursement this Period 500.00
City Wellston State OH Zip Code 45692-	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) B. Coleman for Columbus		Transaction ID: 71105.E995 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 550 E. Walnut Street		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215-	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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DeLuca for Legislature Committee		Transaction ID: 71105.E992 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1438 Homestead Rd		Amount of Each Disbursement this Period 500.00
City Verona State PA Zip Code 15147-2440	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) ▶	3500.00
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 73 / 73

<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 Ted Erickson		Transaction ID: 71105.E993 Date of Disbursement 10 / 09 / 2007
Mailing Address 101 W Baltimore Avenue 2nd Floor		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063-2629	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) B. Committee to Elect Niehaus		Transaction ID: 71105.E997 Date of Disbursement 10 / 18 / 2007
Mailing Address 1131 Little Indian Creek Road		Amount of Each Disbursement this Period 500.00
City New Richmond State OH Zip Code 45157-9602	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) C. Friends of Anthony Portantino 2008		Transaction ID: 71105.E996 Date of Disbursement 10 / 18 / 2007
Mailing Address P.O. Box 93935		Amount of Each Disbursement this Period 2000.00
City Pasadena State CA Zip Code 91109-	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) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	10500.00