

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2010 through 02 28 2010

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 Ronald S. Siemiontkoswki

Signature of Treasurer Electronically Filed by Ronald S. Siemiontkoswki Date 03 09 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		216351.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	227094.48									
(c) Total Receipts (from Line 19) .....	11072.27	21291.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	238166.75	237642.75								
7. Total Disbursements (from Line 31) .....	4000.00	3476.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	234166.75	234166.75								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A) .....	5918.50	10781.30
(ii) Unitemized .....	5149.01	10491.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11067.51	21272.98
(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) .....	11067.51	21272.98
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.) .....	4.76	18.13
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)) .....	11072.27	21291.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11072.27	21291.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	676.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	676.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	1500.00
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.....	0.00	1300.00
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))..	4000.00	3476.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	3476.00

**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 .....	11067.51	21272.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11067.51	21272.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	676.00
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	676.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cassandra Baker	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 1751 Barrington Rd	Transaction ID: 00209.C95229
	City State Zip Code Upper Arlington OH 43221	Amount of Each Receipt this Period 121.70
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (60.85- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Govt Relations Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Barrett	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 1038 Mill Rd Circle	Transaction ID: 00209.C95136
	City State Zip Code Rydal PA 19046	Amount of Each Receipt this Period 384.60
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (192.3- 0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Chairman/ceo, Cardinal Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Johnni Beckel	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 3680 Nicoya Court Court	Transaction ID: 00209.C95092
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0- 0/Bi-Weekly)
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 ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	706.30
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shelley Bird</p> <p>Mailing Address 7998 Caraway Ave</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Cardinal Health, Inc      Occupation: Evp, Public Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> 00209.C95090</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (100.0-0/Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Blake</p> <p>Mailing Address 2226 Bryden Road</p> <p>City State Zip Code Columbus OH 43209</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Cardinal Health, Inc      Occupation: Evp, Strategy &amp; Corp Devel</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">769.20</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> 00209.C95137</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">384.60</span></p> <p>Receipt</p> <p>Payroll Deduction: (192.3-0/Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Terry Burnside</p> <p>Mailing Address 6202 Wealthy Lane</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Cardinal Health, Inc      Occupation: Svp, Gm Medicine Shoppe</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> 00209.C95226</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (50.00-0/Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">684.60</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony Caprio	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 6 Cottage Lane	<b>Transaction ID:</b> 00209.C95091
	City State Zip Code Marlboro NJ 07746	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (100.0-0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Evp, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Coffey	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 200 Bay Shore Drive	<b>Transaction ID:</b> 00209.C95095
	City State Zip Code Rockwood TN 37854	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (100.0-0/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, Qra	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sally Curley	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 9035 Esin Court	<b>Transaction ID:</b> 00209.C95231
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (75.00-/Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, Investor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
 Ted Dibiase  
 Mailing Address 4954 Rosegate Court  
 Island Drive  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Hr Operations  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 183.60  
 Date of Receipt 02 / 08 / 2010  
**Transaction ID:** 00209.C95232  
 Amount of Each Receipt this Period 79.56  
 Receipt  
 Payroll Deduction: (79.56- /Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
 Ted Dibiase  
 Mailing Address 4954 Rosegate Court  
 Island Drive  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Vp, Hr Operations  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 244.80  
 Date of Receipt 02 / 22 / 2010  
**Transaction ID:** 00309.C95410  
 Amount of Each Receipt this Period 61.20  
 Receipt  
 Payroll Deduction: (61.20- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
 Stephen Falk  
 Mailing Address 2480 Sandover Rd  
 City State Zip Code  
 Columbus OH 43220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Health, Inc Occupation Evp & General Counsel  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 02 / 08 / 2010  
**Transaction ID:** 00209.C95093  
 Amount of Each Receipt this Period 200.00  
 Receipt  
 Payroll Deduction: (100.0- 0/Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.76**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Gonzales	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 384 Colorado Drive	<b>Transaction ID:</b> 00209.C95224
	City State Zip Code Cedar Creek TX 78612	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Dir, State Govt Relations	Payroll Deduction: (50.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Kaufmann	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 7160 Temperance Point St Point St	<b>Transaction ID:</b> 00209.C95139
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 384.60
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Ceo, Pharmaceutical Segment	Payroll Deduction: (192.3- 0/Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Kennedy	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 4783 Vista Ridge Dr	<b>Transaction ID:</b> 00209.C95097
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 200.60
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Compliance	Payroll Deduction: (100.3- 0/Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>685.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Margaret Lavallo	Date of Receipt
	Mailing Address 9410 Culross Ct	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City State Zip Code Dublin OH 43017	<b>Transaction ID:</b> 00209.C95221
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	Payroll Deduction: (50.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Lawrence	Date of Receipt
	Mailing Address 4868 Carrigan Ridge	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City State Zip Code Dublin OH 43017	<b>Transaction ID:</b> 00209.C95096
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer Cardinal Health, Inc	Occupation Svp, Retail Independent Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Payroll Deduction: (100.0- 0/Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Lynch	Date of Receipt
	Mailing Address 550 E Rosemary	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City State Zip Code Lake Forest IL 60045	<b>Transaction ID:</b> 00209.C95140
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="384.60"/>
Name of Employer Cardinal Health, Inc	Occupation Ceo, Medical Segment	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="769.20"/>	Payroll Deduction: (192.3- 0/Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="684.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial)                  Craig Morford</p> <p>Mailing Address 5565 Lake Shore Ave,</p> <p>City State Zip Code                  Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Cardinal Health, Inc      Occupation Chief Compliance/legal Officer</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼                  769.20</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y                  0 2 / 0 8 / 2 0 1 0</p> <p><b>Transaction ID:</b> 00209.C95138</p> <p>Amount of Each Receipt this Period                  384.60</p> <p>Receipt</p> <p>Payroll Deduction: (192.3-                  0/Bi-Weekly )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial)                  Patricia Morrison</p> <p>Mailing Address 55 East Erie #3801</p> <p>City State Zip Code                  Chicago IL 60611</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Cardinal Health, Inc      Occupation Evp, Cio</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼                  200.00</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y                  0 2 / 0 8 / 2 0 1 0</p> <p><b>Transaction ID:</b> 00209.C95220</p> <p>Amount of Each Receipt this Period                  100.00</p> <p>Receipt</p> <p>Payroll Deduction: (50.00-                  /Bi-Weekly )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial)                  Marc Mullen</p> <p>Mailing Address 1650 Sherborne Lane</p> <p>City State Zip Code                  Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Cardinal Health, Inc      Occupation SVP, Sales &amp; Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼                  200.00</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y                  0 2 / 0 8 / 2 0 1 0</p> <p><b>Transaction ID:</b> 00209.C95225</p> <p>Amount of Each Receipt this Period                  100.00</p> <p>Receipt</p> <p>Payroll Deduction: (50.00-                  /Bi-Weekly )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>584.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Perrine	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 7249 Landon Lane	Transaction ID: 00209.C95222
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (50.00- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Svp, It Business Partners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Plava	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 3526 Pembroke Dr	Transaction ID: 00209.C95230
	City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 138.46
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (69.23- /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation Vp, Sourcing Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Rademacher	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 5006 Rosalind Lane	Transaction ID: 00209.C95094
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (100.0-0 /Bi-Weekly)
Name of Employer Cardinal Health, Inc	Occupation President, Gm Spec & Nps	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>438.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Rampy	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 103 Foxglove Ln	<b>Transaction ID:</b> 00209.C95227
	City State Zip Code Bentonville AR 72712	Amount of Each Receipt this Period 104.78
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Mktg & Product Mgmt	Payroll Deduction: (52.39- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.56	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Rosenbaum	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 6565 Lockhart Lane	<b>Transaction ID:</b> 00209.C95142
	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 Chief Customer Officer	Payroll Deduction: (192.3- 0/Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cindy Roser	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 5090 Pk Brooke Wkwy	<b>Transaction ID:</b> 00209.C95218
	City State Zip Code Alpharetta GA 30022	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, Strategic Accts/hlth Sys	Payroll Deduction: (50.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	589.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Roskam for Congress Committee Mailing Address 333 S Cross St City Wheaton State IL Zip Code 60187-5443 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name PETER ROSKAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00209.E1265 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 Category/Type DIRECT CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee Mailing Address PO Box 8331 City Fremont State CA Zip Code 94537-8331 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name FORTNEY P. STARK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00309.E1266 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type DIRECT CONTRIBUTION

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

4000.00

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

4000.00