

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

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

ADDRESS (number and street)

7000 CARDINAL PLACE

(Check if address is changed)

DUBLIN

OH

43017

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Holly_J_Morris@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2483717272

2. DATE

03 / 27 / 2008

3. FEC IDENTIFICATION NUMBER

C C00332833

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

03 / 27 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CARDINAL HEALTH, INC. _____

Mailing Address **7000 CARDINAL PLACE** _____

DUBLIN **OH** **43017** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **COMERICA BANK**

Mailing Address **PAC SERVICES**

P.O. BOX 75000

DETROIT MI 48275 - 2250

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

RECORDKEEPER 248 371 5562

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **JAMES W. HOEBERLING**

Mailing Address **C/O COMERICA BANK, PAC SERVICES**

P.O. BOX 75000

DETROIT MI 48275 - 2250

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

TREASURER 248 371 5562

Telephone number

Full Name of Designated Agent **MARK STAUFFER**

Mailing Address **3750 TORREY VIEW CT**

SAN DIEGO CA 92130 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

ASST. TREASURER 858 617 2108

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMERICA BANK

Mailing Address

PAC SERVICES

P.O. BOX 75000

DETROIT

MI

48275

2250

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲