

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 2008 through 02 29 2008

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 03 06 2008

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		226435.59
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	238797.30									
(c) Total Receipts (from Line 19)	22739.43	38601.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	261536.73	265036.73								
7. Total Disbursements (from Line 31)	11000.00	14500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	250536.73	250536.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	15451.56	20478.48
(i) Itemized (use Schedule A)	6580.48	16654.98
(ii) Unitemized	22032.04	37133.46
(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)	22032.04	37133.46
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.)	707.39	1467.68
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))	22739.43	38601.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22739.43	38601.14

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	14500.00
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	0.00
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))..	11000.00	14500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	14500.00

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)	22032.04	37133.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22032.04	37133.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

**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 / 25
	<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

A.	Full Name (Last, First, Middle Initial) David Anderson	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 15917 Willis Way	Transaction ID: 80306.C86029
	City State Zip Code Woodbine MD 21797	Amount of Each Receipt this Period 173.07
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (57.69- /Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Svp/gm, Hsp Mkt & Innov St	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

B.	Full Name (Last, First, Middle Initial) Cassandra Baker	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1672 Barrington Rd	Transaction ID: 80306.C86027
	City State Zip Code Upper Arlington OH 43221	Amount of Each Receipt this Period 159.81
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (53.27- /Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Vp, Gov't Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.35	

C.	Full Name (Last, First, Middle Initial) Johnni Beckel	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 3680 Nicoya Court	Transaction ID: 80306.C85862
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.00- /Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Evp, Hr Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	632.88
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 7 / 25
	<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) Shelley Bird	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 7998 Caraway Ave	Transaction ID: 80306.C85860
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Evp,communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Timothy Boes	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 103 La Trobe Ct	Transaction ID: 80306.C86042
	City State Zip Code Southlake TX 76092	Amount of Each Receipt this Period 269.16
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (89.72-/Pay Period)
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 ▼ 448.60	

C.	Full Name (Last, First, Middle Initial) Charles Burwell	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 4125 Via Cangrejo	Transaction ID: 80306.C86022
	City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (50.00-/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Svp, Strategic Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	719.16
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: PAGE 8 / 25
(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)
Stacy Butterfield

Mailing Address 5151 Woodbridge 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, Global Financial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 80306.C86018

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Anthony Caprio

Mailing Address 6 Cottage Lane

City State Zip Code
Marlboro NJ 07746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 80306.C85861

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (100.0- 0/Pay Period)

C.

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 Chairman & Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 80306.C85911

Amount of Each Receipt this Period
576.90

Receipt

Payroll Deduction: (192.3- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **1026.90**

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 9 / 25
	<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) Jack Coffey	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 8191 Winchcombe Dr	Transaction ID: 80306.C85866
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Quality	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mary Cooney	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 2211 Briarglen #507	Transaction ID: 80306.C85872
	City State Zip Code Houston TX 77027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Business Partner	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Leland Cox	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 43 N Ohio Ave	Transaction ID: 80306.C85870
	City State Zip Code Columbus OH 43203	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Svp, National Chain Accounts	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	900.00
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 / 25
	<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	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1 Miranova Place #910	Transaction ID: 80306.C85898
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 461.55
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc Occupation Svp, Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 769.25	Payroll Deduction: (153.8-5/Pay Period)

B.	Full Name (Last, First, Middle Initial) Jody Davids	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 7638 Red Bay Court	Transaction ID: 80306.C86026
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc Occupation Evp, Global Shared Svc & C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	Payroll Deduction: (50.00-/Pay Period)

C.	Full Name (Last, First, Middle Initial) James Derleth	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1510 Woodvale Ave	Transaction ID: 80306.C86020
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc Occupation Evp, Ips Health Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	Payroll Deduction: (50.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	761.55
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 11 / 25
	<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) Ted Dibiase		Date of Receipt
	Mailing Address 4954 Rosegate Ct Island Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Dublin	OH	43017
	FEC ID number of contributing federal political committee. C		Transaction ID: 80306.C86036
Name of Employer Cardinal Health, Inc		Occupation Vp, Employee & Labor Relat	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 306.00	<input type="text"/> 183.60
			Receipt
			Payroll Deduction: (61.20- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Kurt Dieck		Date of Receipt
	Mailing Address 7037 Lake Trail Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: 80306.C85865
Name of Employer Cardinal Health, Inc		Occupation Svp, Strategy & Bus Dev -	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 300.00
			Receipt
			Payroll Deduction: (100.0- 0/Pay Period)

C.	Full Name (Last, First, Middle Initial) Gary Dolch		Date of Receipt
	Mailing Address 8382 Deep Run		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: 80306.C85906
Name of Employer Cardinal Health, Inc		Occupation Evp, Quality	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 961.50	<input type="text"/> 576.90
			Receipt
			Payroll Deduction: (192.3- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	1060.50
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: PAGE 12 / 25

(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)
Gary Ellis

Mailing Address 6146 Balmoral Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Svp, Branded Purchasing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80306.C85868

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

B.

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, Hsc

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80306.C85864

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

C.

Full Name (Last, First, Middle Initial)
Ivan Fong

Mailing Address 21 S. Parkview Ave.

City State Zip Code
Columbus OH 43209

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 961.50

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80306.C85907

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

1176.90

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: PAGE 13 / 25
(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)
Elizabeth Ford

Mailing Address 2262 Yorkshire Road

City State Zip Code
Upper Arlington OH 43221

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2008
Transaction ID: 80306.C86019
 Amount of Each Receipt this Period: 150.00
 Receipt
 Payroll Deduction: (50.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Edmund Fry

Mailing Address 1 Miranova Pl.
Apt. 2040

City State Zip Code
Columbus OH 43215

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

Name of Employer Cardinal Health, Inc Occupation Svp, Quality Assurance/reg Com

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 01 / 2008
Transaction ID: 80306.C85871
 Amount of Each Receipt this Period: 300.00
 Receipt
 Payroll Deduction: (100.0- 0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Robert Giacalone

Mailing Address 7471 Balfoure Circle

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Svp, Reg Affairs/chf Reg Cnsl

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.55

Date of Receipt: 02 / 01 / 2008
Transaction ID: 80306.C85993
 Amount of Each Receipt this Period: 137.73
 Receipt
 Payroll Deduction: (45.91- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **587.73**

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 14 / 25
	<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) David Gonzales	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 384 Colorado Drive	Transaction ID: 80306.C86024
	City State Zip Code Cedar Creek TX 78612	Amount of Each Receipt this Period 150.00
	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Gregory Halvacs	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 4964 Olentangy River River Rd	Transaction ID: 80306.C86016
	City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 150.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Linda Harty	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1761 Roxbury Rd	Transaction ID: 80306.C85875
	City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 335.70
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Evp, Cfo, Scs Healthcare	Payroll Deduction: (111.9- 0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.50	

SUBTOTAL of Receipts This Page (optional)	635.70
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: PAGE 15 / 25
(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
							17

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

A.

Full Name (Last, First, Middle Initial) Remi Kajogbola		Date of Receipt MM / DD / YYYY 02 / 01 / 2008
Mailing Address 15751 Sheridan St #149		Transaction ID: 80306.C86035
City Fort Lauderdale	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 181.74
Name of Employer Cardinal Health, Inc	Occupation Vp, Sales Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.03	Payroll Deduction: (60.58- /Pay Period)

B.

Full Name (Last, First, Middle Initial) Michael Kaufmann		Date of Receipt MM / DD / YYYY 02 / 01 / 2008
Mailing Address 7160 Temperance Point St		Transaction ID: 80306.C85908
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer Cardinal Health, Inc	Occupation Group President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	Payroll Deduction: (192.3- 0/Pay Period)

C.

Full Name (Last, First, Middle Initial) Margaret Lavallo		Date of Receipt MM / DD / YYYY 02 / 01 / 2008
Mailing Address 9410 Culross Ct		Transaction ID: 80306.C86015
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Cardinal Health, Inc	Occupation Svp, Hr Service Delivery/vend	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	908.64
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 16 / 25
	<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) Steve Lawrence	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 4868 Carrigan Ridge	Transaction ID: 80306.C85867
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc Occupation Svp, Mrktng, Retail/alt Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	Payroll Deduction: (100.0-0/Pay Period)

B.	Full Name (Last, First, Middle Initial) Michael Lynch	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 550 E Rosemary	Transaction ID: 80306.C85909
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 576.90
	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) <input type="checkbox"/> Aggregate Year-to-Date 961.50	Payroll Deduction: (192.3-0/Pay Period)

C.	Full Name (Last, First, Middle Initial) Marc Mullen	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1650 Sherborne Lane	Transaction ID: 80306.C86025
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Cardinal Health, Inc Occupation Svp, Sales & Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	Payroll Deduction: (50.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	1026.90
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 17 / 25
	<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) James Nuckols	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1740 Dylan Way	Transaction ID: 80306.C85873
	City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Vp, Marketing, Medication Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Angela Perkins	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 615 N Beverly Lane	Transaction ID: 80306.C86021
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (50.00-/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas Perrine	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 7249 Landon Lane	Transaction ID: 80306.C86017
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (50.00-/Pay Period)
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 18 / 25
	<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) George Plava		Date of Receipt
	Mailing Address 3526 Pembroke Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Richmond	TX	77469
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 80306.C86037
Name of Employer Cardinal Health, Inc		Occupation Vp, Pharmacy Practice Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 203.31
		<input type="text"/> 338.85	Receipt
			Payroll Deduction: (67.77- /Pay Period)

B.	Full Name (Last, First, Middle Initial) William Rampy		Date of Receipt
	Mailing Address 103 Foxglove Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bentonville	AR	72712
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 80306.C86028
Name of Employer Cardinal Health, Inc		Occupation Svp, Franchise Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 161.97
		<input type="text"/> 269.95	Receipt
			Payroll Deduction: (53.99- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Mark Rosenbaum		Date of Receipt
	Mailing Address 6565 Lockhart Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 80306.C85913
Name of Employer Cardinal Health, Inc		Occupation Pres, Ips Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 576.90
		<input type="text"/> 961.50	Receipt
			Payroll Deduction: (192.3- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 942.18
TOTAL 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: (check only one)	PAGE 19 / 25
	<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) Claudia Russell	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 5064 Seagrove Cove	Transaction ID: 80306.C85992
	City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 131.97
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (43.99- /Pay Period)
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 ▼ 219.95	

B.	Full Name (Last, First, Middle Initial) David Schlotterbeck	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 12 Hermitage Lane	Transaction ID: 80306.C85910
	City State Zip Code Laguna Niguel CA 92677	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (192.3- 0/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Vice Chairman & Ceo, Cmp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	

C.	Full Name (Last, First, Middle Initial) James Scott	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 5893 Hunter Pl. Apartment D	Transaction ID: 80306.C85863
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0- 0/Pay Period)
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1008.87
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 20 / 25
	<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) Frank Segrave	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 5371 Gordon Way	Transaction ID: 80306.C85915
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (192.3-0/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation President, Generics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	

B.	Full Name (Last, First, Middle Initial) Jesse Sims	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 11014 Black Falls Ct	Transaction ID: 80306.C86023
	City State Zip Code Sugar Land TX 77478	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (50.00-/Pay Period)
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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mark Stauffer	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 10644 Dundee Ct	Transaction ID: 80306.C86030
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 179.97
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (59.99-/Pay Period)
Name of Employer Cardinal Health, Inc	Occupation Svp, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.95	

SUBTOTAL of Receipts This Page (optional)	▶	906.87
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 21 / 25
	<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) Richard Walsh	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 8722 Sweetwater Ct	Transaction ID: 80306.C85991
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 128.85
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Vp, Flight Ops/bus Cont	Payroll Deduction: (42.95- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.75	

B.	Full Name (Last, First, Middle Initial) Robert Walter	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 2423 North Ocean Blvd	Transaction ID: 80306.C85905
	City State Zip Code Gulf Stream FL 33482	Amount of Each Receipt this Period 576.06
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Chairman	Payroll Deduction: (192.0- 2/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.10	

C.	Full Name (Last, First, Middle Initial) Carole Watkins	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1967 Woodlands Place	Transaction ID: 80306.C85912
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Cardinal Health, Inc	Occupation Chief Human Resources Officer	Payroll Deduction: (192.3- 0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	

SUBTOTAL of Receipts This Page (optional)	1281.81
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 22 / 25
	<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) Rodney Whitmore		Date of Receipt
	Mailing Address 7159 Drucilla St Nw		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: 80306.C85869
Name of Employer Cardinal Health, Inc		Occupation Svp, Hr Business Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="300.00"/>
			Receipt
			Payroll Deduction: (100.0-0/Pay Period)

B.	Full Name (Last, First, Middle Initial) Dwight Winstead		Date of Receipt
	Mailing Address 2540 Presidio Dr		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Diego	CA	92103
	FEC ID number of contributing federal political committee. C		Transaction ID: 80306.C85914
Name of Employer Cardinal Health, Inc		Occupation Group President, Cts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="961.50"/>	<input type="text" value="576.90"/>
			Receipt
			Payroll Deduction: (192.3-0/Pay Period)

C.	Full Name (Last, First, Middle Initial) Connie Woodburn		Date of Receipt
	Mailing Address 9761 Erin Woods Dr		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43017
	FEC ID number of contributing federal political committee. C		Transaction ID: 80306.C85885
Name of Employer Cardinal Health, Inc		Occupation Svp, Prof & Gov't Rel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="663.45"/>	<input type="text" value="398.07"/>
			Receipt
			Payroll Deduction: (132.6-9/Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1274.97"/>
TOTAL This Period (last page this line number only)	<input type="text" value="15451.56"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 25	
	(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		Date of Receipt
	Mailing Address P.O. Box 75000 MC 2250		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Detroit	MI	48275-2250
	FEC ID number of contributing federal political committee.		Transaction ID: 80306.C86483
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	Interest Received
		Bank	<input type="text" value="707.39"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1467.68"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="707.39"/>
TOTAL This Period (last page this line number only)	<input type="text" value="707.39"/>

**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 24 / 25

<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

A.	Full Name (Last, First, Middle Initial) Steve Austria for Congress Mailing Address 2537 Obetz Dr City Dayton State OH Zip Code 45434-6956 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name STEVE C AUSTRIA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80306.E1037 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Melissa Bean for Congress Mailing Address 800 East Northwest Highway Suite 700 City Palatine State IL Zip Code 60074- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MELISSA LUBURICH BEAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80205.E1032 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Friends of Lois Capps Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name LOIS G CAPPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80306.E1035 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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 25 / 25

<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

A. Full Name (Last, First, Middle Initial) Grassley Committee, Inc <hr/> Mailing Address P.O. Box 1000 <hr/> City Des Moines State IA Zip Code 50304- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name CHARLES E GRASSLEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80205.E1033 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Kind for Congress <hr/> Mailing Address 38 Ivy St SE <hr/> City Washington State DC Zip Code 20003-4006 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name RON KIND <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80306.E1034 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address 501 Capitol Ct, NE Ste 100 <hr/> City Washington State DC Zip Code 20002-7708 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name BLANCHE LAMBERT LINCOLN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80306.E1036 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

11000.00