

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 08 01 2008 through 08 31 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 09 10 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**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

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| M | M |
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| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 209283.57 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 13354.91 | 125602.89 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 222638.48 | 352038.48 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 12500.00 | 141900.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 210138.48 | 210138.48 | | | | | | | | |
| 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 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 11812.11 | 92780.41 |
| (i) Itemized (use Schedule A) | 1223.05 | 28899.48 |
| (ii) Unitemized | 13035.16 | 121679.89 |
| (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) | 13035.16 | 121679.89 |
| 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.) | 319.75 | 3923.00 |
| 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)) | 13354.91 | 125602.89 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 13354.91 | 125602.89 |

DETAILED SUMMARY PAGE

of Disbursements

| 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..... | 0.00 | 83000.00 |
| 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..... | 12500.00 | 58900.00 |
| 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)).. | 12500.00 | 141900.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12500.00 | 141900.00 |

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 | 13035.16 | 121679.89 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13035.16 | 121679.89 |
| 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: PAGE 6 / 52
(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 |

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)
Steven Adams

Mailing Address 2811 Autumn Lake Dr

City State Zip Code
Katy TX 77450

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

Name of Employer Cardinal Health, Inc Occupation President, Clinical Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.45

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88776

Amount of Each Receipt this Period 57.70

Receipt

Payroll Deduction: (28.85- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
David Anderson

Mailing Address 15917 Willis Way

City State Zip Code
Woodbine MD 21797

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

Name of Employer Cardinal Health, Inc Occupation President, Gm Hospital Supply

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 980.73

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88840

Amount of Each Receipt this Period 115.38

Receipt

Payroll Deduction: (57.69- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City State Zip Code
Dublin OH 43017-8084

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

Name of Employer Cardinal Health, Inc Occupation Dir, Financial Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.08

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88718

Amount of Each Receipt this Period 32.86

Receipt

Payroll Deduction: (16.43- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **205.94**

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 / 52 |
| | <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) Cassandra Baker | | Date of Receipt |
| | Mailing Address 1672 Barrington Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2008 |
| | City | State | Zip Code |
| | Upper Arlington | OH | 43221 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88807 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Govt Relations Mgmt | 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"/> 840.78 | <input type="text"/> 47.50 |
| | | | Receipt |
| | | | Payroll Deduction: (47.50- /Pay Period) |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Cassandra Baker | | Date of Receipt |
| | Mailing Address 1672 Barrington Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2008 |
| | City | State | Zip Code |
| | Upper Arlington | OH | 43221 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C89046 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Govt Relations Mgmt | 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"/> 891.47 | <input type="text"/> 50.69 |
| | | | Receipt |
| | | | Payroll Deduction: (50.69- /Pay Period) |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) James Barker | | Date of Receipt |
| | Mailing Address 2761 Skelton Ln | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2008 |
| | City | State | Zip Code |
| | Blacklick | OH | 43004 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88761 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Sourcing Mgmt | 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"/> 434.86 | <input type="text"/> 47.24 |
| | | | Receipt |
| | | | Payroll Deduction: (23.62- /Pay Period) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 145.43 |
| 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 8 / 52 |
| | <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) Gregory Baumli | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 14566 Somerset Cir | Transaction ID: 80910.C88723 |
| | City State Zip Code Green Oaks IL 60048 | Amount of Each Receipt this Period 38.34 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Manufacturing | Payroll Deduction: (19.17- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 426.27 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Johnni Beckel | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 3680 Nicoya Court Court | Transaction ID: 80910.C88686 |
| | City State Zip Code Lewis Center OH 43035 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Evp, Hr Business Partner | 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 ▼ 1700.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Laurel Beeler | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1723 Eagle Trl | Transaction ID: 80910.C88764 |
| | City State Zip Code Oxford MI 48371 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Mgr, Sales Training/process | Payroll Deduction: (25.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 288.34 |
| 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 / 52 |
| | <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 08 / 01 / 2008 |
| | Mailing Address 7998 Caraway Ave | Transaction ID: 80910.C88684 |
| | City State Zip Code Dublin OH 43016 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt 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 ▼ 1700.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Timothy Boes | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 103 La Trobe Ct | Transaction ID: 80910.C88849 |
| | City State Zip Code Southlake TX 76092 | Amount of Each Receipt this Period 158.24 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (79.12-/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Direct Sales Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1493.44 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Scott Bostick | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1546 Vivaldi Drive | Transaction ID: 80910.C88802 |
| | City State Zip Code Cardiff CA 92007 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (40.00-/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Gm - Supply Technologies | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 680.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 438.24 |
| 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 / 52 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mark Branday | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 55 Island Blvd | Transaction ID: 80910.C88783 |
| | City State Zip Code Fox Island WA 98333 | Amount of Each Receipt this Period 30.25 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (30.25- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Account | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 521.94 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mark Branday | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 55 Island Blvd | Transaction ID: 80910.C88997 |
| | City State Zip Code Fox Island WA 98333 | Amount of Each Receipt this Period 312.26 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (312.2-6/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Account | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 834.20 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael Brown | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 3103 Saddle Ridge | Transaction ID: 80910.C88707 |
| | City State Zip Code Richmond TX 77469 | Amount of Each Receipt this Period 28.46 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (14.23- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Cust Svc Technical Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 241.91 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 370.97 |
| 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 / 52 |
| | <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) Charles Burwell | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 4627 Torrey Circle Apt. P-203 | Transaction ID: 80910.C88834 |
| | 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 |
| | Name of Employer Cardinal Health, Inc Occupation Svp, Strategic Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 900.00 | Payroll Deduction: (50.00- /Pay Period) |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Charles Burwell | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 4627 Torrey Circle Apt. P-203 | Transaction ID: 80910.C88858 |
| | City State Zip Code San Diego CA 92130 | Amount of Each Receipt this Period -50.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Cardinal Health, Inc Occupation Svp, Strategic Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 850.00 | Payroll Deduction: (-50.0-0 /Pay Period) |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Stacy Butterfield | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 5151 Woodbridge Dr | Transaction ID: 80910.C88832 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Cardinal Health, Inc Occupation Svp, Glbl Financial & Bus Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 850.00 | Payroll Deduction: (50.00- /Pay Period) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 200.00 |
| 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 12 / 52 |
| | <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 Cacciatore | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 3810 Loch Glen Court | Transaction ID: 80910.C88762 |
| | City State Zip Code Houston TX 77059 | Amount of Each Receipt this Period 47.78 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Reg Aff-regulation Dev | Payroll Deduction: (23.89- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 533.67 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Thomas Calhoun | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 5n496 W Lakeview Cir | Transaction ID: 80910.C88774 |
| | City State Zip Code St Charles IL 60175 | Amount of Each Receipt this Period 53.74 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Whe / Dist North Region | Payroll Deduction: (26.87- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 485.63 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Steven Callison | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1368 Lincoln Road | Transaction ID: 80910.C88702 |
| | City State Zip Code Columbus OH 43212 | Amount of Each Receipt this Period 26.70 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, It Prog/proj Mgmt | Payroll Deduction: (13.35- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 263.49 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 128.22 |
| 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 13 / 52 |
| | <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) Anthony Caprio | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 6 Cottage Lane | Transaction ID: 80910.C88685 |
| | City State Zip Code Marlboro NJ 07746 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (100.0-0/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Ips Sales Ne | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1700.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Kerry Clark | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 300 W. Spring St. #1502 #1502 | Transaction ID: 80910.C88731 |
| | City State Zip Code Columbus OH 43215 | Amount of Each Receipt this Period 384.60 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (192.3-0/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Chairman & Ceo, Cah | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3269.10 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Jack Coffey | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 200 Bay Shore Drive | Transaction ID: 80910.C88690 |
| | City State Zip Code Rockwood TN 37854 | Amount of Each Receipt this Period 200.00 |
| | 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, Qra | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1700.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 784.60 |
| 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 / 52 |
| | <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) Mary Cooney | | Date of Receipt |
| | Mailing Address 2211 Briarglen #507 #507 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Houston | TX | 77027 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88696 |
| Name of Employer Cardinal Health, Inc | | Occupation Svp, Hr Business Partner 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 ▼ 1700.00 | <input type="text" value="200.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (100.0-0/Pay Period) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Bonita Court | | Date of Receipt |
| | Mailing Address 5392 S Cambridge Ln | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Greenfield | WI | 53221 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88760 |
| Name of Employer Cardinal Health, Inc | | Occupation Mgr, Sales Training/process | 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 ▼ 391.86 | <input type="text" value="44.52"/> |
| | | | Receipt |
| | | | Payroll Deduction: (22.26-/Pay Period) |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Leland Cox | | Date of Receipt |
| | Mailing Address 43 N Ohio Ave | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Columbus | OH | 43203 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88694 |
| Name of Employer Cardinal Health, Inc | | Occupation Svp, National Chain Accounts | 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 ▼ 1700.00 | <input type="text" value="200.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (100.0-0/Pay Period) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="444.52"/> |
| 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: PAGE 15 / 52
(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)
John Cullivan

Mailing Address 1 Miranova Place #910
#910

City State Zip Code
Columbus OH 43215

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.40

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: 80910.C88841

Amount of Each Receipt this Period
57.70

Receipt

Payroll Deduction: (57.70- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Jody Davids

Mailing Address 7638 Red Bay Court

City State Zip Code
Dublin OH 43016

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

Name of Employer Cardinal Health, Inc Occupation Evp, Gss And Cio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: 80910.C88838

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

C.

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

Mailing Address 8371 Dolman Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.95

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: 80910.C88708

Amount of Each Receipt this Period
28.66

Receipt

Payroll Deduction: (14.33- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **186.36**

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 / 52 |
| | <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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Dublin | OH | 43017 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88808 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Hr 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 ▼ 1005.60 | <input type="text"/> 99.20 |
| | | | Receipt |
| | | | Payroll Deduction: (49.60- /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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Westerville | OH | 43082 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88689 |
| Name of Employer Cardinal Health, Inc | | Occupation Svp, Strategy & Bus Dev - Hscs | 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 ▼ 1700.00 | <input type="text"/> 200.00 |
| | | | 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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Powell | OH | 43065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88726 |
| 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 ▼ 3076.80 | <input type="text"/> 192.30 |
| | | | Receipt |
| | | | Payroll Deduction: (192.3- 0/Pay Period) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 491.50 |
| 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: (check only one) | PAGE 17 / 52 |
| | <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)
Michele Donatich

Mailing Address 520 Penny Lane

City State Zip Code
Grayslake IL 60030

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

Name of Employer Cardinal Health, Inc Occupation Dir, Customer Advocacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.75

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88698

Amount of Each Receipt this Period 22.18

Receipt

Payroll Deduction: (11.09- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Michael Duffy

Mailing Address 6825 Macneil Dr

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation President, Hscs Medical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88753

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

C.

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 ▼ 1600.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88692

Amount of Each Receipt this Period 100.00

Receipt

Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **162.18**

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 18 / 52
(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 | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 6146 Balmoral Drive | | Transaction ID: 80910.C88969 |
| | City State Zip Code Dublin OH 43017 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 20.00 |
| | Name of Employer Cardinal Health, Inc | Occupation Svp, Branded Purchasing | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1620.00 | Payroll Deduction: (20.00- /Pay Period) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Leeann Evensen | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1423 Shady Valley | | Transaction ID: 80910.C88712 |
| | City State Zip Code Sugar Land TX 77479 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 30.00 |
| | Name of Employer Cardinal Health, Inc | Occupation Mgr, App Design & Devel | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 255.00 | Payroll Deduction: (15.00- /Pay Period) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Stephen Falk | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 2480 Sandover Rd | | Transaction ID: 80910.C88688 |
| | City State Zip Code Columbus OH 43220 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Cardinal Health, Inc | Occupation Evp, General Counsel Hscs | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1700.00 | Payroll Deduction: (100.0- 0/Pay Period) |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| 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: PAGE 19 / 52

(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) Nathaniel Filler | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 7639 Presidium Loop | | Transaction ID: 80910.C88709 |
| | City Galena | State OH | Zip Code 43021 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Cardinal Health, Inc | | Occupation Mgr, State Govt Relations | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | Payroll Deduction: (15.00- /Pay Period) | |

| | | | |
|---|--|--|---|
| B. | Full Name (Last, First, Middle Initial) Stephen Flannery | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 275 East Center St | | Transaction ID: 80910.C88719 |
| | City Shavertown | State PA | Zip Code 18708 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 33.82 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Direct Sales Mgmt | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 307.77 | Payroll Deduction: (16.91- /Pay Period) | |

| | | | |
|---|--|--|---|
| C. | Full Name (Last, First, Middle Initial) Ivan Fong | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 21 S. Parkview Ave. | | Transaction ID: 80910.C88727 |
| | City Columbus | State OH | Zip Code 43209 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 384.60 |
| Name of Employer Cardinal Health, Inc | | Occupation Chief Legal Officer | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3269.10 | Payroll Deduction: (192.3- 0 /Pay Period) | |

SUBTOTAL of Receipts This Page (optional) ▶

448.42

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 20 / 52
(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)
David Fries

Mailing Address 4491 Hickory Rock Dr

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt / /
Transaction ID: 80910.C88710
 Amount of Each Receipt this Period 15.00
 Receipt
 Payroll Deduction: (15.00- /Pay Period)

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

Mailing Address 1 Miranova Pl. Apt. 2040
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 ▼ 1700.00

Date of Receipt / /
Transaction ID: 80910.C88695
 Amount of Each Receipt this Period 200.00
 Receipt
 Payroll Deduction: (100.0- 0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Joshua Gaines

Mailing Address 5721 Clover Lane
Drive

City State Zip Code
Westerville OH 43081

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

Name of Employer Cardinal Health, Inc Occupation Svp, Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt / /
Transaction ID: 80910.C88763
 Amount of Each Receipt this Period 50.00
 Receipt
 Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ►

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 / 52 |
| | <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) Robert Giacalone | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 7471 Balfoure Circle | Transaction ID: 80910.C88785 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 64.88 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (32.44- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Reg Affairs/chf Reg Cnsl | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 740.06 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) James Gill | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1529 Woodvale Avenue | Transaction ID: 80910.C88714 |
| | City State Zip Code Deerfield IL 60015 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (15.00- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Gm Strategic Initiatives | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Robert Glover | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 5633 N Kostner Avenue | Transaction ID: 80910.C88771 |
| | City State Zip Code Chicago IL 60646 | Amount of Each Receipt this Period 52.72 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (26.36- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Account | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 491.52 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 147.60 |
| 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 22 / 52
(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)
David Goldsberry

Mailing Address 321 St Andrews Ln

City State Zip Code
Gurnee IL 60031

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

Name of Employer Cardinal Health, Inc Occupation Vp, Direct Sales Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.56

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88722

Amount of Each Receipt this Period 38.12

Receipt

Payroll Deduction: (19.06- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
David Gonzales

Mailing Address 384 Colorado Drive

City State Zip Code
Cedar Creek TX 78612

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

Name of Employer Cardinal Health, Inc Occupation Dir, State Govt Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88836

Amount of Each Receipt this Period 100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Carolyn Grant

Mailing Address 6869 Meadow Glen Dr

City State Zip Code
Westerville OH 43082

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

Name of Employer Cardinal Health, Inc Occupation Dir, Fed Govt Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88787

Amount of Each Receipt this Period 70.00

Receipt

Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 208.12

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 23 / 52
(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)
Scott Gregg

Mailing Address 10682 Scarborough Way
Way

City State Zip Code
Powell OH 43065-8769

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

Name of Employer Cardinal Health, Inc Occupation Svp, Tax

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 01 / 2008
Transaction ID: 80910.C88766
Amount of Each Receipt this Period 50.00
Receipt
Payroll Deduction: (25.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
John Grisdale

Mailing Address 7135 Fodor

City State Zip Code
New Albany OH 43054

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

Name of Employer Cardinal Health, Inc Occupation Vp, Marketing Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 01 / 2008
Transaction ID: 80910.C88756
Amount of Each Receipt this Period 40.00
Receipt
Payroll Deduction: (20.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Michael Groesbeck

Mailing Address 33916 Summerfield

City State Zip Code
Gurnee IL 60031

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

Name of Employer Cardinal Health, Inc Occupation Svp, Qra Mpm

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 344.47

Date of Receipt 08 / 01 / 2008
Transaction ID: 80910.C88724
Amount of Each Receipt this Period 38.50
Receipt
Payroll Deduction: (19.25- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 128.50

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 24 / 52

(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)
L Glenn Hall

Mailing Address 26115 Oak Ridge Dr
Attn M R Peebles

City State Zip Code
The Woodlands TX 77380

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

Name of Employer Cardinal Health, Inc
Occupation Vp, Marketing Mgmt

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
280.71

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80910.C88784

Amount of Each Receipt this Period
62.38

Receipt
Payroll Deduction: (31.19-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)
Gregory Halvacs

Mailing Address 4964 Olentangy River
River Rd

City State Zip Code
Delaware OH 43015

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

Name of Employer Cardinal Health, Inc
Occupation Svp, Corporate Security

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80910.C88830

Amount of Each Receipt this Period
100.00

Receipt
Payroll Deduction: (50.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)
Troy Hanson

Mailing Address 5622 Dorsey Drive

City State Zip Code
Columbus OH 43235

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

Name of Employer Cardinal Health, Inc
Occupation Dir, It Business Partner

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
402.41

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80910.C88759

Amount of Each Receipt this Period
43.90

Receipt
Payroll Deduction: (21.95-
/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

206.28

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 25 / 52 |
| | <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) Linda Harty | | Date of Receipt |
| | Mailing Address 1761 Roxbury Rd | | <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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Columbus | OH | 43212 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88857 |
| Name of Employer Cardinal Health, Inc | | Occupation Evp, Finance Hscs | 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 ▼ 1762.32 | <input type="text"/> 97.86 |
| | | | Receipt |
| | | | Payroll Deduction: (97.86- /Pay Period) |

| | | | |
|---|---|-------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Linda Harty | | Date of Receipt |
| | Mailing Address 1761 Roxbury Rd | | <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 8 / 1 5 / 2 0 0 8 |
| | City | State | Zip Code |
| | Columbus | OH | 43212 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88910 |
| Name of Employer Cardinal Health, Inc | | Occupation Evp, Finance Hscs | 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 ▼ 1863.45 | <input type="text"/> 101.13 |
| | | | Receipt |
| | | | Payroll Deduction: (101.1- 3/Pay Period) |

| | | | |
|---|---|-------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Richard Heard | | Date of Receipt |
| | Mailing Address 8106 Bulrush Canyon Trail Trail | | <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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Katy | TX | 77494 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88767 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Direct Sales Mgmt | 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 ▼ 425.00 | <input type="text"/> 50.00 |
| | | | Receipt |
| | | | Payroll Deduction: (25.00- /Pay Period) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 248.99 |
| 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 26 / 52 |
| | <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) Jeffrey Henderson | | Date of Receipt |
| | Mailing Address 347 Morgan Ln | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Gahanna | OH | 43230 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> | Transaction ID: 80910.C88750 |
| Name of Employer Cardinal Health, Inc | | Occupation Chief Financial Officer | 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="340.00"/> | <input type="text" value="40.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (20.00- /Pay Period) |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Jay Hexamer | | Date of Receipt |
| | Mailing Address 770 Westwind Ln | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Alpharetta | GA | 30005 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> | Transaction ID: 80910.C88704 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Direct Sales Mgmt | 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="244.06"/> | <input type="text" value="28.12"/> |
| | | | Receipt |
| | | | Payroll Deduction: (14.06- /Pay Period) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) James Hinrichs | | Date of Receipt |
| | Mailing Address 7037 Bordeaux Ct | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> | Transaction ID: 80910.C88751 |
| Name of Employer Cardinal Health, Inc | | Occupation Evp, Controller | 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="340.00"/> | <input type="text" value="40.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (20.00- /Pay Period) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="108.12"/> |
| 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 27 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) James Homan | | Date of Receipt |
| | Mailing Address 520 Eden Park Drive Apt # 17103 | | <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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Franklin | TN | 37067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88700 |
| Name of Employer Cardinal Health, Inc | | Occupation Sr Cnslt, 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"/> 222.81 | <input type="text"/> 24.22 |
| | | | Receipt |
| | | | Payroll Deduction: (12.11- /Pay Period) |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) John Howard | | Date of Receipt |
| | Mailing Address 305 Vine Ct | | <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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Mandeville | LA | 70448 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88711 |
| Name of Employer Cardinal Health, Inc | | Occupation Cnslt, 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"/> 255.00 | <input type="text"/> 30.00 |
| | | | Receipt |
| | | | Payroll Deduction: (15.00- /Pay Period) |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Wendy Hufford | | Date of Receipt |
| | Mailing Address 5303 Rosalind Blvd. | | <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 8 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Powell | OH | 43065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88801 |
| Name of Employer Cardinal Health, Inc | | Occupation Evp, Associate General Counsel | 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"/> 680.00 | <input type="text"/> 80.00 |
| | | | Receipt |
| | | | Payroll Deduction: (40.00- /Pay Period) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 134.22 |
| 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 28 / 52 |
| | <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) Anthony Hunt | | Date of Receipt |
| | Mailing Address 10208 Hollybrook Dr | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Charlotte | NC | 28277 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88705 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Account | 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="231.26"/> | <input type="text" value="14.13"/> |
| | | | Receipt |
| | | | Payroll Deduction: (14.13- /Pay Period) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Anthony Hunt | | Date of Receipt |
| | Mailing Address 10208 Hollybrook Dr | | <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Charlotte | NC | 28277 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88934 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Account | 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="420.62"/> | <input type="text" value="189.36"/> |
| | | | Receipt |
| | | | Payroll Deduction: (189.3- 6/Pay Period) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Stephen Inacker | | Date of Receipt |
| | Mailing Address 1490 S Ridge Road | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Lake Forest | IL | 60045 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80910.C88775 |
| Name of Employer Cardinal Health, Inc | | Occupation President, Gm Presource Prdcts | 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="487.05"/> | <input type="text" value="26.97"/> |
| | | | Receipt |
| | | | Payroll Deduction: (26.97- /Pay Period) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="230.46"/> |
| 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: PAGE 29 / 52

(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) Stephen Inacker | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 | | |
| | Mailing Address 1490 S Ridge Road | | Transaction ID: 80910.C88987 | | |
| | City Lake Forest | State IL | Zip Code 60045 | Amount of Each Receipt this Period 27.09 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| Name of Employer Cardinal Health, Inc | | Occupation President, Gm Presource Prdcts | | Payroll Deduction: (27.09- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 514.14 | | | | |

| | | | | | |
|---|--|------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Brian Jackson | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 | | |
| | Mailing Address 9055 Tartan Flds Dr | | Transaction ID: 80910.C88716 | | |
| | City Dublin | State OH | Zip Code 43017 | Amount of Each Receipt this Period 32.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| Name of Employer Cardinal Health, Inc | | Occupation Svp, Specialty | | Payroll Deduction: (16.00- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 272.00 | | | | |

| | | | | | |
|---|--|-----------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Stephen Johnson | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 | | |
| | Mailing Address 221 W Lancaster Ave # 2012 # 2012 | | Transaction ID: 80910.C88773 | | |
| | City Fort Worth | State TX | Zip Code 76102 | Amount of Each Receipt this Period 53.28 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Operations Mgmt | | Payroll Deduction: (26.64- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 510.03 | | | | |

SUBTOTAL of Receipts This Page (optional) ▶

112.37

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 30 / 52
(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 08 / 01 / 2008 | |
| | Mailing Address 15751 Sheridan St #149 | | Transaction ID: 80910.C88839 | |
| | City State Zip Code Fort Lauderdale FL 33331 | | Amount of Each Receipt this Period 51.69 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | |
| | Name of Employer Cardinal Health, Inc Occupation Vp, Direct Sales Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 949.37 | | Payroll Deduction: (51.69- /Pay Period) | |

| | | | | |
|-----------|--|--|---|--|
| B. | Full Name (Last, First, Middle Initial) Remi Kajogbola | | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 | |
| | Mailing Address 15751 Sheridan St #149 | | Transaction ID: 80910.C89047 | |
| | City State Zip Code Fort Lauderdale FL 33331 | | Amount of Each Receipt this Period 51.43 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | |
| | Name of Employer Cardinal Health, Inc Occupation Vp, Direct Sales Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.80 | | Payroll Deduction: (51.43- /Pay Period) | |

| | | | | |
|-----------|--|--|---|--|
| C. | Full Name (Last, First, Middle Initial) Michael Kaufmann | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 | |
| | Mailing Address 7160 Temperance Point St Point St | | Transaction ID: 80910.C88728 | |
| | City State Zip Code Westerville OH 43082 | | Amount of Each Receipt this Period 384.60 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | |
| | Name of Employer Cardinal Health, Inc Occupation Group President, Hscs Medical Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3269.10 | | Payroll Deduction: (192.3- 0/Pay Period) | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 487.72 |
| 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 31 / 52 |
| | <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) Philip Kelly | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address P.o. Box 8695 | Transaction ID: 80910.C88681 |
| | City State Zip Code Gurnee IL 60031 | Amount of Each Receipt this Period 20.82 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Dir, Operational Excellence | Payroll Deduction: (10.41- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 204.41 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Michael Kennedy | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 4783 Vista Ridge Dr | Transaction ID: 80910.C88772 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 26.39 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Ips Sales Operations | Payroll Deduction: (26.39- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 476.14 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Steven Koester | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 2122 Autumn Wood Dr | Transaction ID: 80910.C88713 |
| | City State Zip Code St Charles MO 63303 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Dir, Store Operations | Payroll Deduction: (15.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 77.21 |
| 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 32 / 52 |
| | <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) Thomas Krueger | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 37248 N Deerpath Dr | Transaction ID: 80910.C88699 |
| | City State Zip Code Lake Villa IL 60046 | Amount of Each Receipt this Period 24.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Dir, App Design & Devel | Payroll Deduction: (12.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 204.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Margaret Lavalle | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 9410 Culross Ct | Transaction ID: 80910.C88829 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Gss Business Management | 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 ▼ 850.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Steve Lawrence | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 4868 Carrigan Ridge | Transaction ID: 80910.C88691 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Mrkng, Retail/alt Care | Payroll Deduction: (100.0- 0/Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1700.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 324.00 |
| 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 33 / 52 |
| | <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 Leitl | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 95 Arboretum Dr | Transaction ID: 80910.C88725 |
| | City State Zip Code North Barrington IL 60010 | Amount of Each Receipt this Period 19.75 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Gm, V Mueller | Payroll Deduction: (19.75- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 352.62 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) James Leitl | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 95 Arboretum Dr | Transaction ID: 80910.C88971 |
| | City State Zip Code North Barrington IL 60010 | Amount of Each Receipt this Period 20.71 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Gm, V Mueller | Payroll Deduction: (20.71- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 373.33 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael Lynch | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 550 E Rosemary | Transaction ID: 80910.C88729 |
| | City State Zip Code Lake Forest IL 60045 | Amount of Each Receipt this Period 384.60 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Group President, Mpm | 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 ▼ 3269.10 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 425.06 |
| 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 34 / 52

(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)
Donna Mann

Mailing Address 6666 Mcvey Blvd

City State Zip Code
West Worthington OH 43235

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

Name of Employer Occupation
Cardinal Health, Inc Dir, Hr Service Delivery

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 374.94

Date of Receipt

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

Transaction ID: 80910.C88721

Amount of Each Receipt this Period

36.88

Receipt

Payroll Deduction: (18.44- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Jessica Mayer

Mailing Address 4852 Carrigan Ridge

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Cardinal Health, Inc Vp, Bus Mgmt (atty)

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

Date of Receipt

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

Transaction ID: 80910.C88782

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Cardinal Health, Inc Sr Cnslt, Account

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 551.33

Date of Receipt

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

Transaction ID: 80910.C88778

Amount of Each Receipt this Period

58.90

Receipt

Payroll Deduction: (29.45- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

155.78

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 35 / 52 |
| | <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) Steven Merkin | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1481 Country Ln | Transaction ID: 80910.C88803 |
| | City State Zip Code Deerfield IL 60015 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Hr Business Partner Mpm | Payroll Deduction: (40.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 680.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Marc Mullen | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1650 Sherborne Lane | Transaction ID: 80910.C88837 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation SVP, Sales & Marketing | 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 ▼ 850.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Frederick Nelson | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 7303 Deacon Court | Transaction ID: 80910.C88789 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 73.60 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Op Excellence - Bb Prgm | Payroll Deduction: (36.80- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 660.64 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 253.60 |
| 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 36 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James Nuckols

Mailing Address 1740 Dylan Way

City State Zip Code
Encinitas CA 92024

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

Name of Employer Cardinal Health, Inc Occupation Svp, Software Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt **08 / 01 / 2008**
Transaction ID: 80910.C88697

Amount of Each Receipt this Period **200.00**

Receipt

Payroll Deduction: (100.0-0/Pay Period)

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

Mailing Address 900 Wyndham Hill Ct

City State Zip Code
Southlake TX 76092

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

Name of Employer Cardinal Health, Inc Occupation Vp, Account

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.84**

Date of Receipt **08 / 01 / 2008**
Transaction ID: 80910.C88715

Amount of Each Receipt this Period **31.04**

Receipt

Payroll Deduction: (15.52-/Pay Period)

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

Mailing Address 615 N Beverly Lane

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Cardinal Health, Inc Occupation Svp, Finance Mpm

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **08 / 01 / 2008**
Transaction ID: 80910.C88833

Amount of Each Receipt this Period **100.00**

Receipt

Payroll Deduction: (50.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **331.04**

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 37 / 52
(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 |

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)
Thomas Perrine

Mailing Address 7249 Landon Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Cardinal Health, Inc Occupation Svp, It Business Partners

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88831

Amount of Each Receipt this Period 100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Vicki Perryman

Mailing Address 2000 Loch Lomond Dr

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88755

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Aaron Pitts

Mailing Address 5014 Closeburn Ct

City State Zip Code
Dublin OH 43017

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

Name of Employer Cardinal Health, Inc Occupation Vp, Strategic Plng/execution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.82

Date of Receipt 08 / 01 / 2008

Transaction ID: 80910.C88703

Amount of Each Receipt this Period 26.92

Receipt

Payroll Deduction: (13.46- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **166.92**

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 38 / 52 |
| | <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: 80910.C88805 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Sourcing Mgmt | 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"/> 46.83 |
| | | <input type="text"/> 1041.92 | Receipt |
| | | | Payroll Deduction: (46.83- /Pay Period) |

| | | | |
|---|---|---|---|
| B. | 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: 80910.C89014 |
| Name of Employer Cardinal Health, Inc | | Occupation Vp, Sourcing Mgmt | 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"/> 46.31 |
| | | <input type="text"/> 1088.23 | Receipt |
| | | | Payroll Deduction: (46.31- /Pay Period) |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Kathy Popejoy | | Date of Receipt |
| | Mailing Address 11127 W 59th Ave | | <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 |
| | Arvada | CO | 80004 |
| FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> | Transaction ID: 80910.C88748 |
| Name of Employer Cardinal Health, Inc | | Occupation Dir, Operations Mgmt | 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"/> 40.02 |
| | | <input type="text"/> 376.90 | Receipt |
| | | | Payroll Deduction: (20.01- /Pay Period) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 133.16 |
| 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 39 / 52 |
| | <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) William Rampy | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 103 Foxglove Ln | Transaction ID: 80910.C88804 |
| | City State Zip Code Bentonville AR 72712 | Amount of Each Receipt this Period 93.22 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Pharmacy Operations Mgmt | Payroll Deduction: (46.61- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 895.69 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Robert Randklev | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 2711 Pebble Stone | Transaction ID: 80910.C88758 |
| | City State Zip Code Grapevine TX 76051 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Svp, Whse/dist South Region | Payroll Deduction: (20.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Stephen Reardon | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 9098 Mediterra Place | Transaction ID: 80910.C88749 |
| | City State Zip Code Dublin OH 43016 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Qra Mgmt | Payroll Deduction: (20.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 173.22 |
| 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 40 / 52 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) David Render | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 6909 Maris Ct | Transaction ID: 80910.C88701 |
| | City State Zip Code Burluson TX 76028 | Amount of Each Receipt this Period 12.84 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Dir, Operations Mgmt | Payroll Deduction: (12.84- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 205.44 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) David Render | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 6909 Maris Ct | Transaction ID: 80910.C88914 |
| | City State Zip Code Burluson TX 76028 | Amount of Each Receipt this Period 12.52 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Dir, Operations Mgmt | Payroll Deduction: (12.52- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 217.96 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Cynthia Rhomberg | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 9379 Redan Court | Transaction ID: 80910.C88754 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Marketing Mgmt | Payroll Deduction: (20.00- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 65.36 |
| 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 41 / 52 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Mark Rosenbaum | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 6565 Lockhart Lane | Transaction ID: 80910.C88733 |
| | 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 Payroll Deduction: (192.3-0/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation President, Ips Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3269.10 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Claudia Russell | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 5064 Seagrove Cove | Transaction ID: 80910.C88786 |
| | City State Zip Code San Diego CA 92130 | Amount of Each Receipt this Period 34.72 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (34.72-/Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Strategic Intel/analytics | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 685.30 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) David Schlotterbeck | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 12 Hermitage Lane | Transaction ID: 80910.C88730 |
| | City State Zip Code Laguna Niguel CA 92677 | Amount of Each Receipt this Period 384.60 |
| | FEC ID number of contributing federal political committee. C | Receipt 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 ▼ 3269.10 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 803.92 |
| 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 42 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) James Scott | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 5893 Hunter Pl. Apartment D | Transaction ID: 80910.C88687 |
| | City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Cardinal Health, Inc Occupation Svp, National Chain Accounts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00 | Payroll Deduction: (100.0-0/Pay Period) |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael Scrase | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 8358 Davington | Transaction ID: 80910.C88770 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 51.92 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Cardinal Health, Inc Occupation Vp, It Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 483.44 | Payroll Deduction: (25.96-/Pay Period) |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Frank Segrave | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 5371 Gordon Way | Transaction ID: 80910.C88791 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 77.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | 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 ▼ 2500.10 | Payroll Deduction: (38.50-/Pay Period) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 328.92 |
| 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 43 / 52 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Steven Seide | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 30 Nutmeg Ln | Transaction ID: 80910.C88706 |
| | City State Zip Code North Andover MA 01845 | Amount of Each Receipt this Period 28.32 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (14.16- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Territory Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 276.29 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Kendell Sherrer | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 7720 Heatherwood Ln | Transaction ID: 80910.C88720 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 33.86 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (16.93- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Hr Business Partners | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 332.33 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Jesse Sims | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 11014 Black Falls Ct | Transaction ID: 80910.C88835 |
| | City State Zip Code Sugar Land TX 77478 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (50.00- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Mgr, App Design & Devel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 162.18 |
| 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 44 / 52
(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)
Joan Stafslie

Mailing Address 3140 Dusty Trail

City State Zip Code
Olivenhain CA 92024

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

Name of Employer Cardinal Health, Inc Occupation Svp, General Counsel

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 425.00

Date of Receipt 08 / 01 / 2008
Transaction ID: 80910.C88765
Amount of Each Receipt this Period 50.00
Receipt
Payroll Deduction: (25.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Mark Stauffer

Mailing Address 10644 Dundee Ct

City State Zip Code
Powell OH 43065

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

Name of Employer Cardinal Health, Inc Occupation Svp, Finance

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 981.10

Date of Receipt 08 / 01 / 2008
Transaction ID: 80910.C88806
Amount of Each Receipt this Period 94.16
Receipt
Payroll Deduction: (47.08- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Greg Storm

Mailing Address 7703 E 85th St

City State Zip Code
Tulsa OK 74133

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

Name of Employer Cardinal Health, Inc Occupation Exec, Sales

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 257.28

Date of Receipt 08 / 01 / 2008
Transaction ID: 80910.C88788
Amount of Each Receipt this Period 36.37
Receipt
Payroll Deduction: (36.37- /Pay Period)

SUBTOTAL of Receipts This Page (optional) **180.53**

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 45 / 52 |
| | <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) Greg Storm | Date of Receipt MM / DD / YYYY 08 / 15 / 2008 |
| | Mailing Address 7703 E 85th St | Transaction ID: 80910.C88917 |
| | City State Zip Code Tulsa OK 74133 | Amount of Each Receipt this Period 13.57 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (13.57- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Exec, Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.85 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Robert Summers | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 146 Chasely Circle | Transaction ID: 80910.C88769 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 51.68 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (25.84- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Marketing Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 488.14 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Mary Jane Tew | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 6315 Duffy Rd | Transaction ID: 80910.C88768 |
| | City State Zip Code Delaware OH 43015 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (25.00- /Pay Period) |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Customer Service Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 115.25 |
| 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 46 / 52 |
| <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) Ethan Trull | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 2663 Marl Oak Dr | Transaction ID: 80910.C88717 |
| | City State Zip Code Highland Park IL 60035 | Amount of Each Receipt this Period 32.48 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Vp, Asc Gen Csl, Litigation | Payroll Deduction: (16.24- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 276.08 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Kristina Tuttle | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 8187 Shannon Glen Blvd Blvd | Transaction ID: 80910.C88680 |
| | City State Zip Code Dublin OH 43016 | Amount of Each Receipt this Period 20.74 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Dir, It Prog/proj Mgmt | Payroll Deduction: (10.37- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 201.77 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Carole Watkins | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 1967 Woodlands Place | Transaction ID: 80910.C88732 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 384.60 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Cardinal Health, Inc | Occupation Chief Human Resource 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 ▼ 3269.10 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 437.82 |
| 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 47 / 52 |
| | <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) Rodney Whitmore | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 7159 Drucilla St Nw | | Transaction ID: 80910.C88693 |
| | City Pickerington | State OH | Zip Code 43147 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Cardinal Health, Inc | Occupation Svp, Hr Bus Partner Hscs Pharm | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1700.00 | Payroll Deduction: (100.0-0/Pay Period) |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dwight Winstead | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 2540 Presidio Dr | | Transaction ID: 80910.C88734 |
| | City San Diego | State CA | Zip Code 92103 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 384.60 |
| | Name of Employer Cardinal Health, Inc | Occupation Group President, Cts | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 3269.10 | Payroll Deduction: (192.3-0/Pay Period) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Deborah Wolin | | Date of Receipt MM / DD / YYYY 08 / 01 / 2008 |
| | Mailing Address 44 Lake Mist Drive | | Transaction ID: 80910.C88752 |
| | City Sugar Land | State TX | Zip Code 77479 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Cardinal Health, Inc | Occupation Vp, Asc Gen Csl, Comm/trans | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 340.00 | Payroll Deduction: (20.00-/Pay Period) |

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 48 / 52 |
| | (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) Anthony Woo | | Date of Receipt |
| | Mailing Address 6151 Haddo Way | | <input type="text" value="08"/> / <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. | | <input type="text" value="C"/> |
| Name of Employer Cardinal Health, Inc | | Occupation Svp, Corp Devel, Fin Anl/val | Transaction ID: 80910.C88757 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="340.00"/> | <input type="text" value="40.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (20.00- /Pay Period) |

| | | | |
|---|--|--|---|
| B. | Full Name (Last, First, Middle Initial) Connie Woodburn | | Date of Receipt |
| | Mailing Address 9761 Erin Woods Dr | | <input type="text" value="08"/> / <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. | | <input type="text" value="C"/> |
| Name of Employer Cardinal Health, Inc | | Occupation Svp, Prof & Govt Relations | Transaction ID: 80910.C88856 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="2144.82"/> | <input type="text" value="191.44"/> |
| | | | Receipt |
| | | | Payroll Deduction: (95.72- /Pay Period) |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="231.44"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="11812.11"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 49 / 52 | |
| | (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="08"/> / <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: 80806.C88434 |
| | Name of Employer | | Amount of Each Receipt this Period |
| Occupation Bank | | <input type="text" value="319.75"/> | |
| Interest Received | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text" value="3923.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="319.75"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="319.75"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Team Coughlin <hr/> Mailing Address 2324 Iota Avenue <hr/> City Cuyahoga Falls State OH Zip Code 44223- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80910.E1117 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Citizens for DeWine <hr/> Mailing Address 506 Crisp Wind Ct <hr/> City Fairborn State OH Zip Code 45324-8607 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80806.E1113 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Friends of Faber <hr/> Mailing Address 7706 State Route 703 <hr/> City Celina State OH Zip Code 45822-2923 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80910.E1118 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris | Transaction ID: 80910.E1115 Date of Disbursement |
| | Mailing Address 1238 Township Road #1506 | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City Ashland State OH Zip Code 44805- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT CONTRIBUTION | <input type="text" value="5000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Committee to Elect James McGregor | Transaction ID: 80910.E1116 Date of Disbursement |
| | Mailing Address 133 Misty Oak Place | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City Gahanna State OH Zip Code 43230- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT CONTRIBUTION | <input type="text" value="500.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Committee to Elect Ray Miller | Transaction ID: 80910.E1114 Date of Disbursement |
| | Mailing Address 550 E Walnut St | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City Columbus State OH Zip Code 43215-5323 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT CONTRIBUTION | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="6500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

