




Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

| | | | | | | | | |
|---|---|--|--------------------------------------|--|--|---|--|--|
| Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) | Reporting Status (Check appropriate boxes) | Incumbent <input type="checkbox"/> | Calendar Year Covered by Report | New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/> | Termination Filer <input type="checkbox"/> | Termination Date (If Applicable) (Month, Day, Year) | Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$200 fee. | |
| 3/11/2009 | | | | | | | | |
| Reporting Individual's Name | Last Name | | First Name and Middle Initial | | | | | Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. |
| | Fong | | Ivan K. | | | | | |
| Position for Which Filing | Title of Position | | Department or Agency (If Applicable) | | | | | Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. |
| | General Counsel | | U.S. Department of Homeland Security | | | | | |
| Location of Present Office (or forwarding address) | Address (Number, Street, City, State, and ZIP Code) | | | | Telephone No. (Includes Area Code) | | | Nominees, New Entrants, and Candidates for President and Vice President: Schedule A—The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. Schedule B—Not applicable. Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing. Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. |
| | 7000 Cardinal Place, Dublin, OH 43017 | | | | (614) 757-7768 | | | |
| Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) | Title of Position(s) and Date(s) Held | | | | | | | Agency Use Only (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> |
| | | | | | | | | |
| Presidential Nominee Subject to Senate Confirmation | Name of Congressional Committee Considering Nomination | | | Do You Intend to Create a Qualified Diversified Trust? | | | | Agency Use Only OGE Use Only |
| | Committee on Homeland Security and Governmental Affairs | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Certification | | Signature of Reporting Individual | | | Date (Month, Day, Year) | | | Office of Government Ethics Use Only |
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge. | |  | | | 3/13/2009 | | | |
| Other Review (If desired by agency) | | Signature of Other Reviewer | | | Date (Month, Day, Year) | | | Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) (Check box if comments are continued on the reverse side) <input type="checkbox"/> |
| | | | | | | | | |
| Agency Ethics Official's Opinion | | Signature of Designated Agency Ethics Official/Reviewing Official | | | Date (Month, Day, Year) | | | Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing. |
| On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below). | |  | | | 3/13/2009 | | | |
| Office of Government Ethics Use Only | | Signature | | | Date (Month, Day, Year) | | | Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. |
| | |  | | | 3/16/09 | | | |

Reporting Individual's Name

Ivan K. Fong

SCHEDULE A

Page Number

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| Assets and Income BLOCK A | | Valuation of Assets at close of reporting period BLOCK B | | | | | | | | | | Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C | | | | | | | | | | | | | | |
|---|---|---|--------------------|---------------------|----------------------|---------------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|---|---------------------------|-------------------|------------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|------------------|---|---|--|
| For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/> | | None (or less than \$1,001) | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000* | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | Over \$25,000,000 | None (or less than \$201) | \$201 - \$500 | \$501 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$1,000,000 | Over \$1,000,000* | Over \$5,000,000 | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | |
| | | Dividends | Rent and Royalties | Interest | Capital Gain | None (or less than \$201) | \$201 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$1,000,000 | Over \$1,000,000* | Over \$5,000,000 | | | | | | | | | | | |
| Examples | Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund | | | x | | | | | | | | | | | | | | | | | | | | | Low Honoraria Income \$1,000 | |
| 1 | Covington & Burling ("C&B") 401(k): - Dodge & Cox Stock (DODGX) | | | x | | | | | | | | | | | | | | | | | | | | | | |
| 2 | C&B 401(k): - Vanguard Institutional Index (VINIX) | | | x | | | | | | | | | | | | | | | | | | | | | | |
| 3 | C&B 401(k): - American Beacon Small Cap Val Inst (AVFIX) | | | x | | | | | | | | | | | | | | | | | | | | | | |
| 4 | C&B 401(k): - Rainier Small/Mid Cap Equity (RIMSX) | | | x | | | | | | | | | | | | | | | | | | | | | | |
| 5 | C&B 401(k): - Vanguard Extended Markets Index Signa (VEMSX) | x | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | C&B 401(k): - Lazard Emerging Markets Equity Inst (LZEMX) | | | x | | | | | | | | | | | | | | | | | | | | | | |

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name

Ivan K. Fong

SCHEDULE A - continued

(Use only if needed)

Page Number

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| Assets and Income BLOCK A | Valuation of Assets at close of reporting period BLOCK B | | | | | | | | Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | | | | | | | | | |
|---|---|-------------------|-------------------------|-----------------------|-----------------------|----------------------|---------------------|-------------------|--|-------------------------|---|---|-----------------------|---------------------|-------------------|---------------------------|---------------|-----------------|-------------------|--------------------|---------------------|--|
| | None | Over \$1,000,000* | \$500,001 - \$1,000,000 | \$250,001 - \$500,000 | \$100,001 - \$250,000 | \$50,001 - \$100,000 | \$10,001 - \$50,000 | Over \$50,000,000 | Over \$1,000,000* | \$500,001 - \$1,000,000 | | | \$100,001 - \$500,000 | \$10,001 - \$50,000 | Over \$50,000,000 | None (or less than \$201) | \$201 - \$500 | \$501 - \$1,000 | \$1,001 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | Over \$50,000,000 |
| | | | | | | | | | Dividends | Interest | Capital Gain | | | | | | | | | | | |
| 1 CAH 401(k) & DCP: - CRM Mid Cap Value Investor (CRMMX) | | | | | | | | | | | | | | x | | | | | | | | |
| 2 CAH 401(k) & DCP: - Balanced Fund** (holds DODGX, FDGRX, AUSAX, FDIVX, PTRRX) | | | x | | | | | | | | | | | x | | | | | | | | ** value and income not readily ascertainable for underlying holdings. |
| 3 CAH 401(k) & DCP: - PIMCO Total Return Instl (PTRRX) | | | x | | | | | | | | | | | x | | | | | | | | |
| 4 CAH DCP: - Fidelity Spartan US Eq Ind Fund (FUSEX) | | | | | | | | | | | | | | x | | | | | | | | |
| 5 CAH DCP: - Fidelity Money Market Fund (SPRX) | | | | | | | | | | | | | | x | | | | | | | | |
| 6 Cardinal Health, Inc. Common (CAH) | | | | x | | | | | x | | | | | | | | | | | | | |
| 7 IRA: - Vanguard Tot Stock Mkt Idx Inv (VTSMX) | | | | | | | | | | | | | | x | | | | | | | | |
| 8 IRA: - Vanguard Windsor II Fund Inv (VWNFX) | | | | | | | | | | | | | | x | | | | | | | | |
| 9 IRA: S - Vanguard Target Ret 2025 Fund (VTVX) | | | | | | | | | | | | | | | x | | | | | | | |

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Prior Editions Cannot be Used.

Reporting Individual's Name
 Ivan K. Fong

SCHEDULE A continued

(Use only if needed)

| BLOCK A | BLOCK B | | | | | | | | | | BLOCK C | | | | | | | | | | | |
|---|--|-------------------|--------------------|---------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------------------|---|--|
| | Valuation of Assets at close of reporting period | | | | | | | | | | Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | | | | | | | | | | | |
| Name <input type="checkbox"/> | None (or less than \$201) | \$1,001 - \$5,000 | \$5,001 - \$25,000 | \$25,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000* | None (or less than \$201) | \$201 - \$500 | \$501 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$500,000 | Over \$1,000,000* | Over \$5,000,000 | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honorary |
| | Type | Dividends | Net capital gains | Interest | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | None (or less than \$201) | | | |
| 1 Vanguard Tot Bond Mkt Indx Adm (VBTL) | | | x | | | | | | | | | | | | | | | | | | | |
| 2 Vanguard Ltd-Term Tax Ex - Inv & Adm Sh (VMLTX & VMLUX) | | | | | | | | | | | | | | | | | | | | | | |
| 3 Vanguard Prime Money Market Fund (VMMDX) | | | x | | | | | | | | | | x | | | | | | | | | |
| 4 Vanguard REIT Index Fund Inv (VGSDX) | | x | | | | | | | | | | | | | | | | | | | | |
| 5 Vanguard Short-Term Inv-Grade Fund Inv (VFSTX) | | x | | | | | | | | | | | | | | | | | | | | |
| 6 Vanguard Inf-Prot Sec Inv (VIPSX) | | | | | | | | | | | | | | | | | | | | | | |
| 7 Vanguard Emerging Mkts Stock Index (VEIEX) | | | | | | | | | | | | | x | | | | | | | | | |
| 8 Fidelity Contrafund (FCNTX) | | x | | | | | | | | | | | | | | | | | | | | |
| 9 Fidelity Strategic Real Return (FSRRX) | | x | | | | | | | | | | | | | | | | | | | | |

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Prior Editions Cannot be Used.

SCHEDULE A continued
 (Use only if needed)

Ivan K. Fong

| BLOCK A Assets and Income | BLOCK B Valuation of Assets at close of reporting period | | | | | | | | | | BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | |
|---|---|-----------------------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|------------------|------------------|---|------|---|---|--------|--|
| | None | None (or less than \$1,001) | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000 | Over \$5,000,000 | Over \$25,000,000 | Type | | | Amount | |
| 1 DC MGM Mirage Common (MGM) | | x | | | | | | | | | | x | Dividends | | | |
| 2 DC Cash Acct (RBC Wealth Management) | | x | | | | | | | | | | | Interest | | | |
| 3 DC - 529 Acct (New Hampshire): Fidelity NH Portfolio 2012 (age-based portfolio) | | | | x | | | | | | | | | Capital Gains | | | |
| 4 DC - 529 Acct (Ohio): Vanguard Aggressive Age-Based Option (age-based portfolio 11-15 yrs) | | x | | | | | | | | | | | None (or less than \$201) | | | |
| 5 DC Vanguard STAR Fund (VGSTX) | | x | | | | | | | | | | | None (or less than \$201) | | | |
| 6 DC FBR Focus Fund (FBRVX) | | x | | | | | | | | | | | None (or less than \$201) | | | |
| 7 Wachovia Checking Acct | | x | | | | | | | | | | | None (or less than \$201) | | | |
| 8 Chase Checking Acct | | x | | | | | | | | | | | None (or less than \$201) | | | |
| 9 Chase Money Market Acct | | x | | | | | | | | | | | None (or less than \$201) | | | |

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 Prior Editions Cannot be Used.

SCHEDULE A continued
 (Use only if needed)

Ivan K. Fong

| Assets and Income BLOCK A | Valuation of Assets as close of reporting period BLOCK B | | | | | | | | | | Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C | | | | | | | | | | | | | | | | | |
|--|---|------------------|-------------------------|-----------------------|-----------------------|----------------------|------------------|-------------------------|-----------------------|-----------------------|--|------------------|----------------|----------------|----------------|---------------|---------------|--------------|------------|-----------|----------|---------------------------|------|--------|--|--|--|--|
| | None | Over \$1,000,000 | \$500,001 - \$1,000,000 | \$250,001 - \$500,000 | \$100,001 - \$250,000 | \$50,001 - \$100,000 | Over \$1,000,000 | \$500,001 - \$1,000,000 | \$250,001 - \$500,000 | \$100,001 - \$250,000 | \$50,001 - \$100,000 | Over \$1,000,000 | Over \$500,000 | Over \$250,000 | Over \$100,000 | Over \$50,000 | Over \$10,000 | Over \$1,000 | Over \$100 | Over \$10 | Over \$1 | None (or less than \$201) | Type | Amount | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Memoranda | | |
| 1 DC Chase Checking & Savings Accts | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Cardinal Health, Inc., Dublin, OH | | | | | | | | | | | | | | | | | | | | | | | | | | Salary + bonus - \$883,000 | | |
| 3 CAH stock options (vested): - 33,760 options @ \$62.07 (exp 11/2012) (upon separation, will expire 3/2012) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CAH stock options (vested): - 23,213 options @ \$66.34 (exp 8/2013) (upon separation, will expire 3/2012) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 CAH stock options (vested): - 9,311 options @ \$67.28 (exp 8/2014) (upon separation, will expire 3/2012) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 UBS Bank USA Dep Acct | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Cardinal Health Severance: - Pro-rata FY2009 bonus (to be paid in 9/09) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Cardinal Health Severance: - Severance payment (to be paid by 10/09) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Cardinal Health Severance: - Vesting of 11,250 CAH options @ \$62.07 (exp. 3/2012) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Reporting Individual's Name

Ivan K. Fong

SCHEDULE A continued

(Use only if needed)

Page Number

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| BLOCK A Assets and Income | BLOCK B Valuation of Assets at close of reporting period | | | | | | | | | | BLOCK C Income: type and amount. If "None (or less than \$20)" is checked, no other entry is needed in Block C for that item. | | | | | | | | | | | | | | | | |
|--|---|-------------------|--------------------|---------------------|---------------------|----------------------|-------------------|-------------|------------|---------------|--|--------|-------|--------------------------|--------------|---------------|---------------|-----------------|-------------------|--------------------|---------------------|----------------------|-------------------|------------------|---|---|--|
| | None (or less than \$1,000) | \$1,001 - \$5,000 | \$5,001 - \$10,000 | \$10,001 - \$20,000 | \$20,001 - \$50,000 | \$50,001 - \$100,000 | Over \$1,000,000* | Real Estate | Securities | Bank Accounts | Life Insurance | Trusts | Other | None (or less than \$20) | \$21 - \$100 | \$101 - \$250 | \$251 - \$500 | \$501 - \$1,000 | \$1,001 - \$5,000 | \$5,001 - \$10,000 | \$10,001 - \$50,000 | \$50,001 - \$100,000 | Over \$1,000,000* | Over \$5,000,000 | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | |
| 1 Cardinal Health Severance - Vesting of 11,607 CAH options @ \$68.34 (exp. 3/2012) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 2 Cardinal Health Severance - Vesting of 9,311 CAH options @ \$67.26 (exp. 3/2012) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 3 Cardinal Health Severance - Vesting of 13,038 CAH options @ \$56.13 (exp. 3/2012) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 4 Cardinal Health Severance - Vesting of 7,072 CAH RSUs (value est.) | | | | X | | | | | | | | | | X | | | | | | | | | | | | | |
| 5 Cardinal Health Severance - Vesting of 22,071 CAH RSUs (value est.) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 6 CAH stock options (vest in 8/2010) - 11,607 options @ \$68.34 (exp. 8/2013) (forfeited upon separation) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 7 CAH stock options (vest in 8/2010) - 9,312 options @ \$67.26 (exp. 8/2014) (forfeited upon separation) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 8 CAH stock options (vest in 8/2010 & 8/2011) - 26,078 options @ \$56.13 (exp. 8/2015) (forfeited upon separation) | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 9 CAH RSUs (vest in 8/2010 & 8/2011) - 7,557 RSUs (forfeited upon separation) | | | | X | | | | | | | | | | X | | | | | | | | | | | | | |

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Do not Complete Schedule B If you are a new entrant, nominee, Vice Presidential or Presidential Candidate

| | | |
|--|-------------------|--------------------------|
| Reporting Individual's Name Ivan K. Fong | SCHEDULE B | Page Number 11 |
|--|-------------------|--------------------------|

Part I: Transactions

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

| Transaction Type (x) | Date (Mo., Day, Yr.) | Amount of Transaction (x) | | | | | | | | | | | | | |
|---|----------------------|---------------------------|---------------------|-------------------------------------|-----------------------|-----------------------|-------------------------|------------------|---------------------------|----------------------------|-----------------------------|-------------------|----------------------------|--|--|
| | | \$1,001 - \$16,000 | \$16,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | Certificate of divestiture | | |
| Example: <input checked="" type="checkbox"/> Purchase | 2/1/99 | | | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |

* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. 64111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None

| Source (Name and Address) | Brief Description | Value |
|--|---|----------------|
| Example: Natl Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA | Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend) | \$500 \$300 |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

| | | |
|--|-------------------|--------------------------|
| Reporting Individual's Name Ivan K. Fong | SCHEDULE C | Page Number 12 |
|--|-------------------|--------------------------|

| Part I: Liabilities | | | None <input checked="" type="checkbox"/> | | | | | | | | | | | | | |
|--|---------------------------------------|---------------------------------------|--|---------------|--------------------|---------------------------------|---------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|------------------|---------------------------|----------------------------|-------------------|
| Report liabilities over \$10,000 owed to any one creditor at any date during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. | | | Date Incurred | Interest Rate | Term if applicable | Category of Amount or Value (X) | | | | | | | | | | |
| Creditor (Name and Address) | | | Type of Liability | | | | \$10,000 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | Over \$25,000,000 |
| Examples: | First District Bank, Washington, DC | Mortgage on rental property, Delaware | 1991 | 8% | 25 yrs | | | | | | | | | | | |
| | John Jones, 123 J St., Washington, DC | Promissory note | 1999 | 10% | on demand | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |

* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

| Part II: Agreements or Arrangements | | | None <input type="checkbox"/> | | |
|---|--|--|--|---|-------|
| Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g., 401k, deferred compensation); (2) continuation payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. | | | Status and Terms of any Agreement or Arrangement | Party | Date |
| Example: | Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00. | | | Doe Jones & Smith, Hometown, State | 7/85 |
| 1 | I will continue to participate in my C&B-sponsored 401(k), a defined contribution plan. Neither C&B nor I will make any further contributions. | | | Covington & Burling LLP, Washington, DC | 11/90 |
| 2 | I will continue to participate in my GE-sponsored 401(k), a defined contribution plan. Neither GE nor I will make any further contributions. | | | General Electric Co., Fairfield, CT | 4/00 |
| 3 | Upon confirmation, I will terminate my employment with CAH. Pursuant to my Offer Letter and CAH standard practice, and memorialized in my Severance Agreement, I will receive a pro-rated bonus for FY09 in 9/2009, a severance payment in 10/2009, accelerated vesting of 45,206 unvested stock options that will expire in 3/2012, and accelerated vesting of 7,072 restricted stock units. I will continue to participate in my CAH-sponsored 401(k) and DCP, defined contribution plans. | | | Cardinal Health, Inc., Dublin, OH | |
| 4 | | | | -- Offer Letter | 11/05 |
| 5 | After separation, neither CAH nor I will make any further contributions. Pursuant to my Restricted Share Unit Agreement and Severance Agreement, I will receive accelerated vesting of 22,071 restricted stock units. | | | -- Restricted Share Unit Agreement | 10/08 |
| 6 | I will forfeit all of my remaining 46,997 unvested stock options and 7,557 unvested restricted stock units. | | | -- Severance Agreement | 2/09 |

| | | |
|--|-------------------|--------------------------|
| Reporting Individual's Name Ivan K. Fong | SCHEDULE D | Page Number 13 |
|--|-------------------|--------------------------|

Part I: Positions Held Outside U.S. Government
 Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

| | Organization (Name and Address) | Type of Organization | Position Held | From (Mo., Yr.) | To (Mo., Yr.) |
|-----------|--|----------------------------------|--|-----------------|-----------------|
| Examples: | Natl. Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State | Non-profit education Law firm | President Partner | 6/92 7/85 | Present 1/00 |
| 1 | Cardinal Health, Dublin, OH | Corporation | Chief Legal Officer & Secretary | 11/05 | Present |
| 2 | Asian Pacific American Bar Association of Central Ohio, Columbus, OH | Non-profit bar association | Director | 2008 | Present |
| 3 | Association of Corporate Counsel, Washington, DC | Non-profit bar association | Director, Treasurer (2007-08); Chair (2008-present) | 2004 | Present |
| 4 | Cardinal Health Foundation, Dublin, OH | Non-profit foundation | Director | 11/05 | Present |
| 5 | Columbus Bar Foundation, Columbus, OH | Non-profit foundation | Director | 2007 | Present |
| 6 | Pro Bono Partnership, White Plains, NY | Non-profit charitable | Director | 2003 | Present |

Part II: Compensation In Excess Of \$5,000 Paid by One Source
 Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

| | Source (Name and Address) | Brief Description of Duties |
|-----------|--|---|
| Examples: | Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State | Legal services Legal services in connection with university construction |
| 1 | Cardinal Health, Dublin, OH | Legal services |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |