

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE
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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name			
..... Strategic Health Solutions, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported			
..... 1001 Pennsylvania Avenue, NW Suite 700 North Washington, DC 2			
3. Principal Place of Business (if different from line 2)			
City:		State/Zip (or Country)	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Denise M. Henry	202-661-7060	dhenry strat-health.com	
7. Client Name <input type="checkbox"/> Self			6. House ID #
Cardinal Health, Inc.			

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>69,515.99</u> <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indica accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature _____

Printed Name and Title Denise M. Henry, President

LD-2 (REV. 6/98)

Registrant Name Strategic Health Solutions Client Name Cardinal Health, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Monitor and lobby on health care reform legislation

17. House(s) of Congress and Federal agencies contacted

Check if None

*U.S. House of Representatives
U.S. Senate*

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<i>Denise M. Henry</i>	
<i>Sara Franko</i>	
<i>Carrie Gavora</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 2-14-07

Printed Name and Title Denise M. Henry, President

Form LD-2 (Rev.6/98)

Page

Registrant Name Strategic Health Solutions Client Name Cardinal Health, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Carrie J. Gavora

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature  DATE 2 . 1 .

Printed Name and Title Denise M. Henry, President

Form LD-2 (Rev. 6/98)

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