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Cassi Baker
Director of Government Relations

2000 APR 22 A 9:57

April 14, 2000

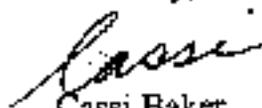
Mr. Neil Evans
Reports Analysis Director
Federal Election Commission
999 E. Street NW
Washington, DC 20463

RE: Cardinal Health Inc. Political Action Committee (FEC ID C00332833)

Dear Mr. Evans:

Please find a completed notification of multi-candidate status for Cardinal Health Inc. Political Action Committee (FEC ID C00332833).

Sincerely,



Cassi Baker
Director of Government Relations

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

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1. (a) NAME OF COMMITTEE IN FULL

Cardinal Health INC. Political Action Committee

(b) Number and Street Address

7000 Cardinal Place

(c) City, State and ZIP Code

Dublin, OH 43017

2. FEC IDENTIFICATION NUMBER

C00332833

3. TYPE OF COMMITTEE (check one)

STATE PARTY

OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Mike DeWine	US-Senate	OH	4/19/99
(ii)	Orin Hatch	US-Senate	UT	5/7/99
(iii)	John Porter	US-House	IL / 10th	6/3/99
(iv)	Pat Tiberi	US-House	OH / 12th	8/9/99
(v)	Mike Ross	US-House	AR / 4th	12/3/99

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 12/28/98.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 3/10/98.

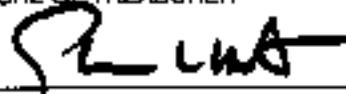
(d) **Qualification:** The committee met the above requirements on: 12/28/98.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

Glenn Martin

SIGNATURE OF TREASURER



DATE

4-12-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-219-3420

FEC FORM 1M

(9/93)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SES</i>	4-21-00
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