REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Cardinal Health, Inc. Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
5555 Glendon Court

CITY, STATE and ZIP CODE
Dublin, OH 43016

RECEIVED FEDERAL ELECTION COMMISSION
Oct 20 3 10 PM '98

2. FEC IDENTIFICATION NUMBER
C00332B33

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☒ 12-Day Pre-Election Report for the General (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Oct 1 98 through Oct 14 98		$ Ø
6. (a) Cash on Hand January 1, 19____		
(b) Cash on Hand at Beginning of Reporting Period	$ Ø	
(c) Total Receipts (from Line 19)	$ Ø	$ Ø
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ Ø	$ Ø
7. Total Disbursements (from Line 30)	$ Ø	$ Ø
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ Ø	$ Ø
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Robert P. Giacomelli

Signature of Treasurer
[signature]

Date
10/1/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE8AN064

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.

☑	Hand Delivered	Date of Receipt 10/20/98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10/20/98
DATE PREPARED

(4/98)