# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 9 11 17 AM '98

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

2. FEC IDENTIFICATION NUMBER
C00332833

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 April 1, 1998 through June 30, 1998 | | |
| 5. (a) Cash on Hand January 1, 19__ | | $ - 0 - |
| (b) Cash on Hand at Beginning of Reporting Period | $ - 0 - | |
| (c) Total Receipts (from Line 19) | $ - 0 - | $ - 0 - |
| (d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B) | $ - 0 - | $ - 0 - |
| 7. Total Disbursements (from Line 30) | $ - 0 - | $ - 0 - |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d)) | $ - 0 - | $ - 0 - |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ - 0 - | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

*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. Giacalone

Signature of Treasurer

Date
7/6/98

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)

460073

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 7-9-98 |
| ☐ | First Class Mail | POSTMARKED |
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| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
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| BEH | | 7-9-98 |
| PREPARER | | DATE PREPARED |

(4/98)