

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

OmniCare, Inc. Political Action Committee

ADDRESS (number and street) ▼

201 E. Fourth Street

900 Omnicare Center

☐ Check if different than previously reported. (ACC)

Cincinnati

OH

45202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00392886

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 Regis T Robbins

Signature of Treasurer

Regis T Robbins

[Electronically Filed]

Date

12 / 06 / 2012

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 18 2012

To:

 M M / D D / Y Y Y Y Y
 11 26 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		30143.20
(b) Cash on Hand at Beginning of Reporting Period.....	37921.66	
(c) Total Receipts (from Line 19)	8471.20	63749.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46392.86	93892.86
7. Total Disbursements (from Line 31)	2000.00	49500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44392.86	44392.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7333.20	44535.81
(ii) Unitemized	1138.00	22769.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	8471.20	67304.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	8471.20	67304.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	-3555.23
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	8471.20	63749.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	8471.20	63749.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	49500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	49500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	49500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8471.20	67304.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8471.20	67304.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	-3555.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	3555.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10482

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10698

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10592

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Anderson

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10483

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Todd Anderson

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10699

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Todd Anderson

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10593

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
 Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11Al.10484

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
 Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11Al.10700

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
 Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11Al.10594

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
Hanover MD 21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10485

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
Hanover MD 21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10701

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
Hanover MD 21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10595

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City Royersford State PA Zip Code 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10486

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City Royersford State PA Zip Code 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10702

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City Royersford State PA Zip Code 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10596

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10487

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Darold R. Barnes

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10703

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10597

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10488

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10704

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10598

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan D Borman

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10489

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Jonathan D Borman

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10705

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Jonathan D Borman

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10599

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
 Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10491

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
 Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10707

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
 Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10601

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10492

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10708

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10602

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10495

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10711

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10605

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark P Celebre

Mailing Address 3800 - 5th Place

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10497

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark P Celebre

Mailing Address 3800 - 5th Place

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10713

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Mark P Celebre

Mailing Address 3800 - 5th Place

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10607

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10498

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10714

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10608

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10501

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10717

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10611

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. W G Erwin

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10503

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. W G Erwin

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10719

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. W G Erwin

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10613

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10505

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10721

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10615

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Foley

Mailing Address 9692 Calliope Lane

City
Shreveport

State Zip Code
LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10506

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert Foley

Mailing Address 9692 Calliope Lane

City
Shreveport

State Zip Code
LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10722

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert Foley

Mailing Address 9692 Calliope Lane

City
Shreveport

State Zip Code
LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10616

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M Garrett

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10507

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jeffrey M Garrett

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10723

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jeffrey M Garrett

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10617

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D Gates

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10508

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Steven D Gates

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10724

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Steven D Gates

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10618

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bernard Gelbard

Mailing Address 18 Inverness Drive

City State Zip Code
 New City NY 10956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11Al.10509

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. Bernard Gelbard

Mailing Address 18 Inverness Drive

City State Zip Code
 New City NY 10956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11Al.10725

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. Bernard Gelbard

Mailing Address 18 Inverness Drive

City State Zip Code
 New City NY 10956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11Al.10619

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Gould

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10512

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John Gould

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10728

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. John Gould

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10622

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11Al.10514

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11Al.10730

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11Al.10624

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10515

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10731

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10625

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City
Maineville

State Zip Code
OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10516

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City
Maineville

State Zip Code
OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10732

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City
Maineville

State Zip Code
OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10626

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hood

Mailing Address 3440 Brian Rd. South

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10517

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard Hood

Mailing Address 3440 Brian Rd. South

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10733

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Hood

Mailing Address 3440 Brian Rd. South

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10627

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Inman

Mailing Address 5700 Columbia Ave.

City State Zip Code
 St. Louis MO 63139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10520

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael Inman

Mailing Address 5700 Columbia Ave.

City State Zip Code
 St. Louis MO 63139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10736

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael Inman

Mailing Address 5700 Columbia Ave.

City State Zip Code
 St. Louis MO 63139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10630

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10521

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10737

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10631

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City	State	Zip Code
COUNTRY CLUB HILLS	IL	60478

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11AI.10522

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City	State	Zip Code
COUNTRY CLUB HILLS	IL	60478

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11AI.10738

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City	State	Zip Code
COUNTRY CLUB HILLS	IL	60478

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.10632

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan J Klem

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10525

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Susan J Klem

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10741

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan J Klem

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10635

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10526

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10742

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10636

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10527

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10743

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10637

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna M Lecky

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10531

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10747

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Donna M Lecky

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10641

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick Lee

Mailing Address 831 Miami Ridge Dr.

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10532

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Patrick Lee

Mailing Address 831 Miami Ridge Dr.

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10748

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Patrick Lee

Mailing Address 831 Miami Ridge Dr.

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10642

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10533

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10534

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10749

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
 Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11Al.10643

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Lockard

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11Al.10644

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lori C Neely

Mailing Address 1011 Glen Eagle Drive

City State Zip Code
 Petaluma CA 94952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist, Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11Al.10544

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori C Neely

Mailing Address 1011 Glen Eagle Drive

City State Zip Code
Petaluma CA 94952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist, Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11Al.10759

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lori C Neely

Mailing Address 1011 Glen Eagle Drive

City State Zip Code
Petaluma CA 94952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist, Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11Al.10653

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
Ballston Lake NY 12019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11Al.10545

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
 Ballston Lake NY 12019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10760

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City State Zip Code
 HONEOYE FALLS NY 14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10547

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City State Zip Code
 HONEOYE FALLS NY 14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10762

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City

HONEOYE FALLS

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10655

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City

LOUISVILLE

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10548

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City

LOUISVILLE

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10763

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
 LOUISVILLE KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10656

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mark E Price

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10549

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Mark E Price

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10764

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E Price

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10657

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

State

Zip Code

Fort Meyers

FL

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10550

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

State

Zip Code

Fort Meyers

FL

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10765

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

Fort Meyers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10658

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.10481

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 1 Crimson Ct.

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10551

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11Al.10591

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11Al.10766

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2012

Transaction ID : SA11Al.10590

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10659

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. REGIS ROBBINS

Mailing Address 1806 RIVER HEIGHTS LANE

City State Zip Code
 VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.10805

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10554

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10769

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10662

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$25

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10555

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10770

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10663

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Rolf Schrader

Mailing Address 4140 North Moor Rd

City

State

Zip Code

Toledo

OH

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10556

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10771

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10664

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City State Zip Code
WILDER KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10557

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City

WILDER

State

KY

Zip Code

41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10772

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City

WILDER

State

KY

Zip Code

41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10665

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10561

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10776

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10669

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City

Baltimore

State

MD

Zip Code

21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.40

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10562

Amount of Each Receipt this Period

12.40

SUBTOTAL of Receipts This Page (optional)..... ►

52.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.80

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11Al.10777

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

B. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.20

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11Al.10670

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11Al.10564

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

44.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10779

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10672

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. SCOTT THAYER

Mailing Address 12677 TRAM LANE

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10565

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCOTT THAYER

Mailing Address 12677 TRAM LANE

City State Zip Code
 CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10780

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SCOTT THAYER

Mailing Address 12677 TRAM LANE

City State Zip Code
 CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10673

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Daniel A. Thomas

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10566

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel A. Thomas

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11Al.10781

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Daniel A. Thomas

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11Al.10674

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11Al.10567

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
 Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10782

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
 Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10675

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. SONYA TREZEVANT

Mailing Address 2429 HAMPTON PL

City State Zip Code
 FT. MITCHELL KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

VP OF MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10568

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SONYA TREZEVANT

Mailing Address 2429 HAMPTON PL

City

FT. MITCHELL

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

VP OF MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10783

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SONYA TREZEVANT

Mailing Address 2429 HAMPTON PL

City

FT. MITCHELL

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

VP OF MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10676

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10569

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City
Harrisburg

State Zip Code
PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11Al.10784

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City
Harrisburg

State Zip Code
PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11Al.10677

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City
OSCEOLA

State Zip Code
IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11Al.10571

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10786

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10679

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. William P Tucker

Mailing Address 5807 Washington Ave

City State Zip Code
 Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Divisional CFO - West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10572

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. William P Tucker

Mailing Address 5807 Washington Ave

City State Zip Code
Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Divisional CFO - West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10787

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. William P Tucker

Mailing Address 5807 Washington Ave

City State Zip Code
Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Divisional CFO - West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10680

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10575

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10790

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10683

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Timmy Waters

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$15

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10576

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timmy Waters

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10791

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Timmy Waters

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10684

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Robert Weir

Mailing Address 4100 Napanee Road

City

State

Zip Code

Louisville

KY

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10577

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Weir

Mailing Address 4100 Napanee Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10792

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert Weir

Mailing Address 4100 Napanee Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10685

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10578

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
 Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10793

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
 Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10686

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10579

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11Al.10794

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11Al.10687

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Craig E White

Mailing Address 1790 263 Street

City State Zip Code
 Milan IL 61264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11Al.10580

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig E White

Mailing Address 1790 263 Street

City State Zip Code
 Milan IL 61264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10795

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Craig E White

Mailing Address 1790 263 Street

City State Zip Code
 Milan IL 61264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10688

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Michael W Williams

Mailing Address 10451 Oak Leaf St.

City State Zip Code
 Largo FL 33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10583

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael W Williams

Mailing Address 10451 Oak Leaf St.

City

Largo

State

FL

Zip Code

33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10798

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael W Williams

Mailing Address 10451 Oak Leaf St.

City

Largo

State

FL

Zip Code

33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10691

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Janine Wolfgang

Mailing Address 7831 Babbist Church Rd

City

Mardela Springs

State

MD

Zip Code

21837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10584

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janine Wolfgang

Mailing Address 7831 Babbist Church Rd

City State Zip Code
Mardela Springs MD 21837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.10799

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janine Wolfgang

Mailing Address 7831 Babbist Church Rd

City State Zip Code
Mardela Springs MD 21837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11AI.10692

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
RIVERTON UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.10585

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
 RIVERTON UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.10800

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
 RIVERTON UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.10693

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.10586

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11Al.10801

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

11 / 23 / 2012

Transaction ID : SA11Al.10694

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11Al.10587

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10802

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10695

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10588

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10803

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10696

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10589

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.10804

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2012

Transaction ID : SA11AI.10697

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

7333.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PARKER, VERNONMailing Address 5635 E LINCOLN DRIVE
18

City PARADISE VALLEY State AZ Zip Code 85253

Purpose of Disbursement

Candidate Name

PARKER, VERNON

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Transaction ID : SB23.10480

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RUNYAN, JON

Mailing Address 263 MT LAUREL RD

City MT LAUREL State NJ Zip Code 08054

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Transaction ID : SB23.10478

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

2000.00
