Image# 12940895006 PAGE 1 / 76

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | For Other Than An Autho | rized Committee | Office Use Only |
|---|------------------------------------|--|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| OmniCare, Inc. Politc | al Action Committee | | |
| <u> </u> | | | |
| ADDRESS (number and street) | 201 E. Fourth Street | | |
| Check if different | 900 Omnicare Center | | |
| than previously reported. (ACC) | Cincinnati | | OH 45202 - - |
| 2. FEC IDENTIFICATION N | UMBER ▼ CITY | A | STATE ▲ ZIP CODE ▲ |
| C C00392886 | 3. IS T | THIS NEW (N) OR | AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Feb 20 Report Due On: | | (Non-Election Year Only) |
| (a) Quarterly Reports: | Mar 20 | | (Non-Election Year Only) |
| April 15 Quarterly Report (0 | Apr 20 | | |
| July 15 Quarterly Report (0 | PRE-Election | Primary (12P) | General (12G) Runoff (12R) |
| October 15 Quarterly Report (0 | Report for the: | Convention (12C) | Special (12S) |
| January 31 Year-End Report (| YE) Election of | on// | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | POST-Election Report for the: | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | Election of | on 11 06 | in the State of |
| 5. Covering Period 1 | | through 11 | 26 2012 |
| I certify that I have examined the | nis Report and to the best of my | y knowledge and belief it is | true, correct and complete. |
| Type or Print Name of Treasure | er Regis T Robbins | | |
| Signature of Treasurer Regi | is T Robbins | [Electronically Filed] | Date 12 / 06 / 2012 |
| NOTE: Submission of false, error | neous, or incomplete information n | nay 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. Politcal Action Committee

Report Covering the Period: From: 10 18 2012 To: 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)

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

| R | eport Covering the Period: From: 10 | 18 / Y Y Y Y Y TO: | 11 26 2012 |
|-----|--|-------------------------------|-----------------------------------|
| | 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(iii) TOTAL (add | , 1138.00 | 22769.08 |
| | Lines 11(a)(i) and (ii) | , 8471.20 | 67304.89 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 10 | 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 |
| | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| 16. | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | -3555.23 |
| | to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| | Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds | 0.00 | 0.00 |
| | (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 | | Total This Period | | | |
|--|--|-------------------|-----------------------|--|--|
| 1. Operating Exp (a) Allocated Activity (for | enditures: —— Federal/Non-Federal rom Schedule H4) | | Calendar Year-to-Date | | |
| | ral Share | 0.00 | 0.00 | | |
| (ii) Non- | Federal Share | 0.00 | 0.00 | | |
| , , | deral Operating | | | | |
| | ires | 0.00 | 0.00 | | |
| . , | erating Expenditures | | | | |
| , , | ı)(i), (a)(ii), and (b)) | 0.00 | 0.00 | | |
| | illilated/Other Party | 0.00 | 0.00 | | |
| Contributions t | | | | | |
| and Other Pol | itical Committees | 2000.00 | 49500.00 | | |
| . Independent E | | 0.00 | 0.00 | | |
| . Coordinated P | e E) Party Expenditures | 0.00 | 0.00 | | |
| (2 U.S.C. §44 | 1a(d)) ' | 0.00 | 0.00 | | |
| (000 00000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| . Loan Repaym | ents Made | 0.00 | 0.00 | | |
| Z Loono Modo | | 0.00 | 0.00 | | |
| Refunds of Co | ontributions To: | 0.00 | 3.00 | | |
| (a) Individual: Than Poli | s/Persons Other tical Committees | 0.00 | 0.00 | | |
| | = | | | | |
| | Party Committees | 0.00 | 0.00 | | |
| () | itical Committees PACs) | 0.00 | 0.00 | | |
| (Such as | 1 A03) | 0.00 | 7 | | |
| (d) Total Con | tribution Refunds | | | | |
| (add Line | s 28(a), (b), and (c))▶ | 0.00 | 0.00 | | |
| Other Diebour | | 0.00 | 0.00 | | |
| Other Disburse | ements | 0.00 | 0.00 | | |
| . Federal Election | on Activity (2 U.S.C. §431(20)) | | | | |
| ` ' | Federal Election Activity | | | | |
| | nedule H6) | 0.00 | 0.00 | | |
| (I) Federa | Il Share | 7 | 7 7 7 | | |
| (ii) "Levin | " Share | 0.00 | 0.00 | | |
| (b) Federal E | Election Activity Paid Entirely | | | | |
| | Federal Funds | 0.00 | 0.00 | | |
| . , | eral Election Activity (add | 0.00 | 0.00 | | |
| Lilles 30 | (a)(i), 30(a)(ii) and 30(b))▶ | | 3.00 | | |
| . Total Disburse | ments (add Lines 21(c), 22, | | | | |
| 23, 24, 25, 26 | i, 27, 28(d), 29 and 30(c)) | 2000.00 | 49500.00 | | |
| . Total Federal | Dishursaments | | | | |
| | 21(a)(ii) and Line 30(a)(ii) | | | | |
| | | 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 |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 8471.20 | 67304.89 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8471.20 | 67304.89 |
| 3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | -3555.23 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 3555.23 |

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 2012 10 26 City State Zip Code Transaction ID: SA11AI.10482 Plainfield IL 60586 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Omnicare of No. IL. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 11 09 2012 City State Zip Code Transaction ID: SA11AI.10698 Plainfield IL 60586 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare of No. IL. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10592 IL Plainfield 60586 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Pharmacist Omnicare of No. IL. Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Todd Anderson Date of Receipt Mailing Address 2012 10 26 City Zip Code State Transaction ID: SA11AI.10483 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Todd Anderson Date of Receipt Mailing Address 11 09 2012 City State Zip Code Transaction ID: SA11AI.10699 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd Anderson Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10593 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | FOR LINE | NUMBER: | PAGE | E 8 O | F |
|--|-------------|---------|------|-------|---|
| Use separate schedule(s) | (check only | y one) | | | |
| for each category of the Detailed Summary Page | X 11a | 11b | 11c | 12 | |
| ,,,,, | 13 | 14 | 15 | 16 | |

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| Mailing Address 71 Sentry Drive City State Zip Code KY 41076 FEC ID number of contributing federal political committee. Name of Employer Occupation Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Michael Arnold Mailing Address 71 Sentry Drive City State Zip Code KY 41076 FEC ID number of contributing federal political committee. Name of Employer Occupation Regional Vice President Receipt For: Primary General Occupation Regional Vice President Receipt For: Primary General Occupation Regional Vice President Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Employer Oncupation Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Employer Oncupation Regional Vice President Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Employer Oncupation Regional Vice President Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C. Michael Arnold Mailing Address 71 Sentry Drive | cit contributions from such committee. |
|--|---|
| FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Arnold Mailing Address 71 Sentry Drive City State Zip Code KY 41076 FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Occupation Regional Vice President Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Substitute To C Full Name (Last, First, Middle Initial) City State Zip Code Regional Vice President Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code KY 41076 FEC ID number of contributing federal political committee. City State Zip Code KY 41076 FEC ID number of contributing federal political committee. | ate of Receipt 10 26 2012 Transaction ID: SA11AI.10484 |
| Mailing Address 71 Sentry Drive City State Zip Code Yulider KY 41076 EEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Yulider KY 41076 Eugli Name (Last, First, Middle Initial) City State Zip Code Yulider KY 41076 Eith Code Yulider KY 41076 EEC ID number of contributing federal political committee. | nount of Each Receipt this Period 40.00 |
| Primary General Other (specify) Other (| ate of Receipt 11 09 2012 Transaction ID : SA11AI.10700 mount of Each Receipt this Period 40.00 |
| Wilder KY 41076 Am FEC ID number of contributing federal political committee. | ate of Receipt |
| Omnicare Regional Vice President Receipt For: Primary General Other (specify) ▼ Regional Vice President Aggregate Year-to-Date ▼ 680.00 | Fransaction ID : SA11AI.10594 nount of Each Receipt this Period 40.00 |
| SUBTOTAL of Receipts This Page (optional) | 120.00 |

FOR LINE NUMBER: **PAGE** 9 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 2012 10 26 City Zip Code State Transaction ID: SA11AI.10485 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 11 09 2012 City State Zip Code Transaction ID: SA11AI.10701 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 23 2012 City State Zip Code Transaction ID: SA11AI.10595 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 2012 10 26 City State Zip Code Transaction ID: SA11AI.10486 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 4200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 11 09 2012 City State Zip Code Transaction ID: SA11AI.10702 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 4400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 11 23 2012 City State Zip Code Transaction ID: SA11AI.10596 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation **VP Public Affairs** Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 4600.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | FOF | R LINE | NU | IMBER | : | PAGE | • | 11 (| ЭF | 76 |
|--|------|---------|-------|-------|---|------|---|------|----|----|
| Use separate schedule(s) | (che | ck only | or or | ne) | | | | | | |
| for each category of the Detailed Summary Page | | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | ٦1 |

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Darold R. Barnes Date of Receipt Mailing Address 10 2012 26 City Zip Code State Transaction ID: SA11AI.10487 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darold R. Barnes Date of Receipt Mailing Address 11 09 2012 City State Zip Code Transaction ID: SA11AI.10703 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 730.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R. Barnes Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10597 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 770.00 120.00 SUBTOTAL of Receipts This Page (optional).....

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

| | FOF | R LINE | NU | IMBER | : | PAGE | . 1 | 12 OI | F | 76 |
|--|------|---------|-------|-------|---|------|-----|-------|---|-----|
| Use separate schedule(s) | (che | ck only | or or | ne) | | | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 117 |

| | Statements may not be sold or used by any pers ne name and address of any political committee to | |
|--|---|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) Alan Bell Mailing Address 10776 221st Lane NE City Redmond FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code WA 98053 C Occupation Senior Director - Clinical Aggregate Year-to-Date 300.00 | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10488 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) Alan Bell Mailing Address 10776 221st Lane NE City Redmond FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code WA 98053 C Occupation Senior Director - Clinical Aggregate Year-to-Date ▼ 320.00 | Date of Receipt 11 09 2012 Transaction ID : SA11AI.10704 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) Alan Bell Mailing Address 10776 221st Lane NE City Redmond FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code WA 98053 C Occupation Senior Director - Clinical Aggregate Year-to-Date ▼ 340.00 | Date of Receipt 11 23 2012 Transaction ID : SA11AI.10598 Amount of Each Receipt this Period 20.00 |
| SUBTOTAL of Receipts This Page (optional) | | 60.00 |
| TOTAL This Period (last page this line numbe | r only) | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF 76 Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|--|---|---|
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C | Committee | |
| Full Name (Last, First, Middle Initial) Jonathan D Borman Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 225.00 | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10489 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Jonathan D Borman Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 240.00 | Date of Receipt 11 09 2012 Transaction ID: SA11AI.10705 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Jonathan D Borman Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 255.00 | Date of Receipt 11 23 2012 Transaction ID : SA11AI.10599 Amount of Each Receipt this Period 15.00 |
| SUBTOTAL of Receipts This Page (optional) | | 45.00 |
| TOTAL This Period (last page this line number or | nly) | |

FOR LINE NUMBER: PAGE 14 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Barry Bress Date of Receipt Mailing Address 3105 Story Book Ct. 2012 10 26 City State Zip Code Transaction ID: SA11AI.10491 MD Elliot City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barry Bress Date of Receipt Mailing Address 3105 Story Book Ct. 11 09 2012 City State Zip Code Transaction ID: SA11AI.10707 MD Elliot City 21042 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Barry Bress Date of Receipt Mailing Address 3105 Story Book Ct. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10601 MD Elliot City 21042 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF 76 Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|--|--|---|
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C | committee | |
| Full Name (Last, First, Middle Initial) Ross Brickley Mailing Address 5408 Quetzel Ct. City Garner FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code NC 27529 C Occupation RSA Director Aggregate Year-to-Date ▼ | Date of Receipt 10 26 2012 Transaction ID : SA11AI.10492 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) Ross Brickley Mailing Address 5408 Quetzel Ct. City Garner FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code NC 27529 C Occupation RSA Director Aggregate Year-to-Date ▼ 640.00 | Date of Receipt 11 09 2012 Transaction ID : SA11AI.10708 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) Ross Brickley Mailing Address 5408 Quetzel Ct. City Garner FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code NC 27529 C Occupation RSA Director Aggregate Year-to-Date ▼ 680.00 | Date of Receipt 11 23 2012 Transaction ID: SA11Al.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 or | nly) | |

FOR LINE NUMBER: PAGE 16 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Randall Carpenter Date of Receipt Mailing Address 2012 10 26 City Zip Code State Transaction ID: SA11AI.10495 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Carpenter Date of Receipt Mailing Address 11 09 2012 City State Zip Code Transaction ID: SA11AI.10711 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Carpenter Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10605 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Mark P Celebre Date of Receipt Mailing Address 3800 - 5th Place 2012 10 26 City Zip Code State Transaction ID: SA11AI.10497 WI Kenosha 53144 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark P Celebre Date of Receipt Mailing Address 3800 - 5th Place 11 09 2012 City State Zip Code Transaction ID: SA11AI.10713 WI Kenosha 53144 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark P Celebre Date of Receipt Mailing Address 3800 - 5th Place 23 2012 City Zip Code State Transaction ID: SA11AI.10607 WI Kenosha 53144 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF 76 Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11 | 1a 3 | _ | 11b | 11c 15 | 12 16 | 17 | |
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| or for commercial pur | poses, other than using th | | y not be sold or used by any political committee | | | | | | | |
| OmniCare, I | ITTEE (In Full) nc. Politcal Action | Committe | e | | | | | | | |
| Full Name (Last, F Jeremy Colvin Mailing Address 8 City Louisville FEC ID number of federal political colonare, Inc. Receipt For: Primary Other (specif | 514 Watterson Trail f contributing mmittee. General | State KY C Occupation Aggregate | Zip Code 40299 Year-to-Date ▼ | Tr | | / ictic | eeipt 26 on ID: S Each Rec | | is Perio | |
| Full Name (Last, F Jeremy Colvin Mailing Address 8: City Louisville FEC ID number of federal political columnicare, Inc. Receipt For: Primary Other (specif | 514 Watterson Trail f contributing mmittee. General | State KY C Occupation Aggregate | Zip Code 40299 Year-to-Date ▼ | Tr | | / ctic | eeipt 09 on ID: SA | A11AI.1 | is Perio | d 0.00 |
| Full Name (Last, F Jeremy Colvi Mailing Address 8 City Louisville FEC ID number of federal political con Name of Employer Omnicare, Inc. Receipt For: Primary Other (specif | n 514 Watterson Trail f contributing mmittee. General | State KY C Occupation Aggregate | Zip Code 40299 Year-to-Date ▼ | Tr | | / actio | eeipt 23 on ID : S Each Rec | | is Perio | |
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FOR LINE NUMBER: PAGE 19 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 2012 10 26 City Zip Code State Transaction ID: SA11AI.10501 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 2100.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 11 09 2012 City State Zip Code Transaction ID: SA11AI.10717 **CINCINNATI** OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 11 23 2012 City State Zip Code Transaction ID: SA11AI.10611 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 2300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 20 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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. Politcal Action Committee Full Name (Last, First, Middle Initial) W G Erwin Date of Receipt Mailing Address 2012 10 City Zip Code State Transaction ID: SA11AI.10503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. WG Erwin Date of Receipt Mailing Address 11 09 2012 City State Zip Code Transaction ID: SA11AI.10719 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name (Last, First, Middle Initial) W G Erwin Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10613 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FEC ID number of contributing

federal political committee.

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| for each category of the Detailed Summary Page | X | 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. Politcal Action Committee Full Name (Last, First, Middle Initial) MELINDA FERRIS Date of Receipt Mailing Address 2036 BERKSHIRE RD 10 2012 26 City State Zip Code Transaction ID: SA11AI.10505 OH **COLUMBUS** 43221 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MELINDA FERRIS Date of Receipt Mailing Address 2036 BERKSHIRE RD 11 09 2012 City Zip Code State Transaction ID: SA11AI.10721 **COLUMBUS** OH 43221 Amount of Each Receipt this Period

| | Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼ | Occupation PHARMACIST Aggregate Year-to-Date ▼ 640.00 | |
|----|--|--|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) MELINDA FERRIS Mailing Address 2036 BERKSHIRE RD | | Date of Receipt 11 23 2012 |
| | City | State Zip Code | Transaction ID : SA11AI.10615 |
| | COLUMBUS | OH 43221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 40.00 |
| | Name of Employer | Occupation | |
| | OMNICARE INC | PHARMACIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 680.00 | |
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SUBTOTAL of Receipts This Page (optional).....

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

120.00

40.00

| | FOR LINE NUMBER: | PAGE 2 | 22 OF | 76 | | | | | | | | |
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| Detailed Summary Page | X 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 2012 10 26 City State Zip Code Transaction ID: SA11AI.10506 Shreveport LA 71115 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Pharmacist Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 11 09 2012 City State Zip Code Transaction ID: SA11AI.10722 LA Shreveport 71115 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 11 23 2012 City State Zip Code Transaction ID: SA11AI.10616 LA Shreveport 71115 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 23 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 24 OF 76 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Steven D Gates Date of Receipt Mailing Address 2012 10 City Zip Code State Transaction ID: SA11AI.10508 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven D Gates Date of Receipt Mailing Address 11 09 2012 City State Zip Code Transaction ID: SA11AI.10724 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven D Gates Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10618 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Bernard Gelbard Date of Receipt Mailing Address 18 Inverness Drive 2012 10 26 City State Zip Code Transaction ID: SA11AI.10509 NY New City 10956 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bernard Gelbard Date of Receipt Mailing Address 18 Inverness Drive 11 09 2012 City State Zip Code Transaction ID: SA11AI.10725 NY New City 10956 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 264.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bernard Gelbard Date of Receipt Mailing Address 18 Inverness Drive 11 23 2012 City Zip Code State Transaction ID: SA11AI.10619 NY **New City** 10956 Amount of Each Receipt this Period FEC ID number of contributing 12.00 С federal political committee. Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 276.00 Other (specify) 36.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 26 OF 76

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any pe e name and address of any political committee | rson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) John Gould Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10512 Amount of Each Receipt this Period 100.00 |
| Full Name (Last, First, Middle Initial) John Gould Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 2000.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) John Gould Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 2100.00 | Date of Receipt 11 23 2012 Transaction ID: SA11AI.10622 Amount of Each Receipt this Period 100.00 |
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SCHEDULE A (FEC Form 3X)

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any per name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 5649 Autumn Chase Circle City Sanford FEC ID number of contributing federal political committee. | State Zip Code FL 32773 | Date of Receipt 10 26 2012 Transaction ID : SA11AI.10514 Amount of Each Receipt this Period 40.00 |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Sr. Director - Ops Aggregate Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 5649 Autumn Chase Circle | | Date of Receipt 11 09 2012 |
| City Sanford FEC ID number of contributing federal political committee. | State Zip Code FL 32773 | Transaction ID : SA11AI.10730 Amount of Each Receipt this Period 40.00 |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Sr. Director - Ops Aggregate Year-to-Date ▼ 640.00 | |
| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 5649 Autumn Chase Circle | | Date of Receipt |
| City Sanford FEC ID number of contributing federal political committee. | State Zip Code FL 32773 | Transaction ID : SA11AI.10624 Amount of Each Receipt this Period 40.00 |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Sr. Director - Ops Aggregate Year-to-Date ▼ 680.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 120.00 |
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FOR LINE NUMBER: PAGE 28 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| _ common common, conge | iΓ | 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)

Klaus A Hieber

Mailing Address 914 Ascot Dr.

Date of Receipt

| ١. | Full Name (Last, First, Middle Initial) Klaus A Hieber | | Date of Receipt |
|----|--|--------------------------|------------------------------------|
| | Mailing Address 914 Ascot Dr. | | 10 26 2012 |
| | City | State Zip Code | Transaction ID : SA11AI.10516 |
| | Maineville | OH 45039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20.00 |
| | Name of Employer | Occupation | |
| | Omnicare, Inc. | Pharmacist/President | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 300.00 | |
| 3. | Full Name (Last, First, Middle Initial) Klaus A Hieber | | Date of Receipt |
| • | Mailing Address 914 Ascot Dr. | | 11 09 _2012 _ |
| | City | State Zip Code | Transaction ID : SA11AI.10732 |
| | Maineville | OH 45039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20.00 |
| | Name of Employer | Occupation | |
| | Omnicare, Inc. | Pharmacist/President | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 320.00 | |
|). | Full Name (Last, First, Middle Initial) Klaus A Hieber | | Date of Receipt |
| | Mailing Address 914 Ascot Dr. | | 11 23 2012 |
| | City | State Zip Code | Transaction ID : SA11AI.10626 |
| | Maineville | OH 45039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20.00 |
| | Name of Employer | Occupation | |
| | Omnicare, Inc. | Pharmacist/President | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 340.00 | |
| s | SUBTOTAL of Receipts This Page (optional) | <u> </u> | 60.00 |
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Other (specify)

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 | | |

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 10 2012 26 City State Zip Code Transaction ID: SA11AI.10517 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation DCO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 11 09 2012 City State Zip Code Transaction ID: SA11AI.10733 Palm Harbor FL 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. DCO Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) c. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 11 23 2012 Zip Code City State Transaction ID: SA11AI.10627 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation DCO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1700.00 Other (specify)

1600.00

300.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 31 OF 76 Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Staten or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor | nmittee | |
| St. Louis FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: | cupation | Date of Receipt 10 26 2012 Transaction ID : SA11AI.10520 Amount of Each Receipt this Period 20.00 |
| St. Louis FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. RV | cupation | Date of Receipt 11 09 2012 Transaction ID : SA11AI.10736 Amount of Each Receipt this Period 20.00 |
| St. Louis FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. RV | cupation | Date of Receipt 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) | | |

FOR LINE NUMBER: PAGE 32 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 2012 10 26 City State Zip Code Transaction ID: SA11AI.10521 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 11 09 2012 City State Zip Code Transaction ID: SA11AI.10737 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10631 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Date of Receipt Mailing Address 19423 HICKORY PL 2012 10 26 City State Zip Code Transaction ID: SA11AI.10522 **COUNTRY CLUB HILLS** IL 60478 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation OMNICARE INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **B. PATRICE L JOHNSON** Date of Receipt Mailing Address 19423 HICKORY PL 11 09 2012 City State Zip Code Transaction ID: SA11AI.10738 **COUNTRY CLUB HILLS** IL 60478 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation **OMNICARE INC** GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. PATRICE L JOHNSON Date of Receipt Mailing Address 19423 HICKORY PL 11 23 2012 State Zip Code Transaction ID: SA11AI.10632 IL **COUNTRY CLUB HILLS** 60478 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **GENERAL MANAGER OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) Susan J Klem Date of Receipt Mailing Address 10 2012 26 City State Zip Code Transaction ID: SA11AI.10525 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan J Klem Date of Receipt Mailing Address 11 09 2012 City Zip Code State Transaction ID: SA11AI.10741 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼

| Primary General Other (specify) ▼ | 320.00 | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) Susan J Klem Mailing Address | | Date of Receipt |
| City | State Zip Code | 11 23 2012 Transaction ID : SA11AI.10635 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | | | | |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Roa | d | Date of Receipt | | | |
| City | State Zip Code | 10 26 2012 | | | |
| Southampton | MA 01073 | Transaction ID : SA11AI.10526 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 10.00 | | | |
| Name of Employer | Occupation | | | | |
| Omnicare, Inc | Pharmacist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 390.00 | | | | |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Road | 4 | Date of Receipt | | | |
| 155 K Politieroy ivieadow Road | | 11 09 2012 | | | |
| City | State Zip Code | Transaction ID : SA11AI.10742 | | | |
| Southampton | MA 01073 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 10.00 | | | |
| Name of Employer | Occupation | | | | |
| Omnicare, Inc | Pharmacist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | | | |
| Full Name (Last, First, Middle Initial) C. Andrew H Kowal | | Date of Receipt | | | |
| Mailing Address 153 R Pomeroy Meadow Roa | | 11 23 2012 | | | |
| City Southampton | State Zip Code MA 01073 | Transaction ID : SA11AI.10636 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 10.00 | | | |
| Name of Employer | Occupation | | | | |
| Omnicare, Inc | Pharmacist | | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | |
| Other (specify) | 410.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | ···· | 30.00 | | | |
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FOR LINE NUMBER: PAGE 36 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 2012 10 26 City Zip Code State Transaction ID: SA11AI.10527 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 2100.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 11 09 2012 City State Zip Code Transaction ID: SA11AI.10743 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare CPA Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 11 23 2012 City Zip Code State Transaction ID: SA11AI.10637 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation CPA Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 2300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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| | nd Statements may not be sold or used by any personant the name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | on Committee | |
| Full Name (Last, First, Middle Initial) Donna M Lecky | | Date of Receipt |
| Mailing Address | | 10 26 2012 |
| City | State Zip Code | Transaction ID : SA11AI.10531 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 840.00 | |
| Full Name (Last, First, Middle Initial) 3. Donna M Lecky Mailing Address | • | Date of Receipt |
| City | State Zip Code | Transaction ID : SA11AI.10747 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |
| Full Name (Last, First, Middle Initial) C. Donna M Lecky | | Date of Receipt |
| Mailing Address | | 11 23 2012 |
| City | State Zip Code | Transaction ID : SA11AI.10641 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 920.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 120.00 |
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FOR LINE NUMBER: PAGE 38 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Patrick Lee Date of Receipt Mailing Address 831 Miami Ridge Dr. 2012 10 26 City State Zip Code Transaction ID: SA11AI.10532 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation VP-Investor Relations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Lee Date of Receipt Mailing Address 831 Miami Ridge Dr. 11 09 2012 City State Zip Code Transaction ID: SA11AI.10748 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **VP-Investor Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Lee Date of Receipt Mailing Address 831 Miami Ridge Dr. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10642 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **VP-Investor Relations** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| NAME OF COMMITTEE (In Full) | | |
| OmniCare, Inc. Politcal Action | n Committee | |
| Full Name (Last, First, Middle Initial) A. DALE LEWIS | | Date of Receipt |
| Mailing Address 117 PLUM POPPY NORTH | l | 10 26 2012 |
| City | State Zip Code | Transaction ID : SA11AI.10533 |
| MALTA | NY 12020 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation | |
| OMNICARE, INC | PHARMACIST | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 420.00 | |
| Full Name (Last, First, Middle Initial) 3. Michael List | | Date of Receipt |
| Mailing Address 10406 Caneel Ct. | | 10 26 2012 |
| City | State Zip Code | 10 26 2012 Transaction ID : SA11AI.10534 |
| Huntersville | NC 28028 | Amount of Each Receipt this Period |
| | | Amount of Each Hoodipt tills Fellou |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | 1 |
| Omnicare Inc. | Pharmacist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 0.0 | |
| Other (specify) ▼ | 300.00 | |
| Full Name (Last, First, Middle Initial) C. Michael List | · | Date of Receipt |
| Mailing Address 10406 Caneel Ct. | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 11 09 2012 Transaction ID : SA11AI.10749 |
| Huntersville | NC 28028 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare Inc. | Pharmacist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 320.00 | |
| SUBTOTAL of Receipts This Page (optional). | • | 60.00 |
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FOR LINE NUMBER: PAGE 40 OF 76 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Michael List Date of Receipt Mailing Address 10406 Caneel Ct. 2012 City State Zip Code Transaction ID: SA11AI.10643 NC Huntersville 28028 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lockard Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10644 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lori C Neely Date of Receipt Mailing Address 1011 Glen Eagle Drive 26 10 2012 City State Zip Code Transaction ID: SA11AI.10544 CA Petaluma 94952 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Pharmacist, Consultant Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| Any information copied from such Reports and Stat or for commercial purposes, other than using the na | ements may not be sold or used by any per ame and address of any political committee | son for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co | ommittee | |
| Omnicare F | State Zip Code CA 94952 C Decupation Pharmacist, Consultant Aggregate Year-to-Date ▼ 220.00 | Date of Receipt 11 09 2012 Transaction ID: SA11AI.10759 Amount of Each Receipt this Period 10.00 |
| Omnicoro | State Zip Code CA 94952 C Decupation | Date of Receipt 11 23 2012 Transaction ID: SA11Al.10653 Amount of Each Receipt this Period 10.00 |
| Receipt For: | Pharmacist, Consultant Aggregate Year-to-Date ▼ 230.00 | |
| Omnicare Receipt For: Primary General | State Zip Code NY 12019 C Decupation Pharmacist/GM Aggregate Year-to-Date ▼ 315.00 | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10545 Amount of Each Receipt this Period 15.00 |
| Other (specify) | | 35.00 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only | <u>_</u> | 55.55 |

FOR LINE NUMBER: PAGE 42 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Scott Nokes Date of Receipt Mailing Address 25 Averdale Drive 09 2012 City Zip Code State Transaction ID: SA11AI.10760 NY **Ballston Lake** 12019 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Pharmacist/GM Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 10 26 2012 City State Zip Code Transaction ID: SA11AI.10547 HONEOYE FALLS NY 14472 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation **OMNICARE INC** GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 09 11 2012 City Zip Code State Transaction ID: SA11AI.10762 NY HONEOYE FALLS 14472 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **GENERAL MANAGER OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 2012 23 City State Zip Code Transaction ID: SA11AI.10655 NY HONEOYE FALLS 14472 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation OMNICARE INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 10 26 2012 City State Zip Code Transaction ID: SA11AI.10548 LOUISVILLE ΚY 40241 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation OMNICARE, INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Drimary

| Other (specify) ▼ | 210.00 | |
|---|--|--|
| Full Name (Last, First, Middle Initial) DARREN PARKS Mailing Address 3511 SORRENTO AVE City LOUISVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code KY 40241 C Occupation GENERAL MANAGER Aggregate Year-to-Date 220.00 | Date of Receipt 11 09 2012 Transaction ID : SA11AI.10763 Amount of Each Receipt this Period |
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C.

c. Mark E Price

Mailing Address

FEC ID number of contributing

federal political committee.

Name of Employer

City

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 2012 23 City State Zip Code Transaction ID: SA11AI.10656 KY LOUISVILLE 40241 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation OMNICARE, INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark E Price Date of Receipt Mailing Address 10 26 2012 City State Zip Code Transaction ID: SA11AI.10549 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial)

| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |
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| TOTAL This Period (last page this line nur | mber only) | |
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Zip Code

State

C

Occupation

Date of Receipt

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Transaction ID: SA11AI.10764 Amount of Each Receipt this Period

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10.00

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) Mark E Price Date of Receipt Mailing Address 2012 City State Zip Code Transaction ID: SA11AI.10657 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 10 26 2012 City State Zip Code Transaction ID: SA11AI.10550 Fort Meyers FL 33919 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee.

| Name of Employer Omnicare Receipt For: Primary General Other (specify) ▼ | Occupation Pharmacist Aggregate Year-to-Date ▼ 840.00 | |
|--|---|------------------------------------|
| Full Name (Last, First, Middle Initial) C. Dr. Richard J Raczka Mailing Address 5770 Beachwood Trail | | Date of Receipt 11 09 2012 |
| City | State Zip Code | Transaction ID : SA11AI.10765 |
| Fort Meyers | FL 33919 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | - |
| Omnicare | Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |
| CURTOTAL of Province This Prove (autism | | 90.00 |

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| be sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee. |
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| |
| Date of Receipt 11 23 2012 Transaction ID: SA11Al.10658 Amount of Each Receipt this Period 40.00 |
| Date of Receipt 10 19 2012 Transaction ID : SA11AI.10481 Amount of Each Receipt this Period 10.00 |
| Date of Receipt 10 26 2012 Transaction ID : SA11AI.10551 Amount of Each Receipt this Period 10.00 |
| 60.00 |
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FOR LINE NUMBER: PAGE 47 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 2012 02 City Zip Code State Transaction ID: SA11AI.10591 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 11 09 2012 City State Zip Code Transaction ID: SA11AI.10766 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 11 16 2012 City State Zip Code Transaction ID: SA11AI.10590 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 48 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 2012 City Zip Code State Transaction ID: SA11AI.10659 Saugus MA 01906 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** REGIS ROBBINS Date of Receipt Mailing Address 1806 RIVER HEIGHTS LANE 10 29 2012 City State Zip Code Transaction ID: SA11AI.10805 VILLA HILLS KY 41017 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **OMNICARE INC** CORPORATE FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Roberts Date of Receipt Mailing Address 3418 Cardiff Ave. 26 10 2012 City Zip Code State Transaction ID: SA11AI.10554 OH Cincinnati 45209 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Sr. Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 530.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) Amy Roberts Mailing Address 3418 Cardiff Ave. City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45209 C Occupation Sr. Sales Director 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) Amy Roberts Mailing Address 3418 Cardiff Ave. City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) | State Zip Code OH 45209 C Occupation Sr. Sales Director 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) Thomas Schleigh Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Bi-weekly Payroll Deduction - \$25 Receipt For: Primary General Other (specify) Other (specify) | State Zip Code C Occupation 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) | | 80.00 |
| TOTAL This Period (last page this line number of | only) | |

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| for each category of the Detailed Summary Page | X 11a | 11b | 11c | 12 | |
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| | Statements may not be sold or used by any pers he name and address of any political committee to | |
|---|---|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | n Committee | |
| Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address | | Date of Receipt |
| City | State Zip Code | 11 09 2012 |
| —————————————————————————————————————— | State Zip Gode | Transaction ID : SA11AI.10770 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer Bi-weekly Payroll Deduction - \$25 | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 840.00 | |
| Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address | • | Date of Receipt |
| City | State Zip Code | 11 23 2012 Transaction ID : SA11AI.10663 |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period 40.00 |
| Name of Employer Bi-weekly Payroll Deduction - \$25 | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |
| Full Name (Last, First, Middle Initial) C. Rolf Schrader | | Data of Pagaint |
| Mailing Address 4140 North Moor Rd | | Date of Receipt 10 26 2012 |
| City Toledo | State Zip Code OH 43606 | Transaction ID : SA11AI.10556 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. Receipt For: | Pharmacist Aggregate Year-to-Date ▼ | - |
| Primary General Other (specify) ▼ | 600.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 120.00 |
| TOTAL This Period (last page this line number | er only) | |

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for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 09 2012 City State Zip Code Transaction ID: SA11AI.10771 OH Toledo 43606 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 11 23 2012 City State Zip Code Transaction ID: SA11AI.10664 OH Toledo 43606 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name (Last, First, Middle Initial) c. MARK J SCHRODER Date of Receipt Mailing Address 30 Sentinel Drive 26 10 2012 City Zip Code State Transaction ID: SA11AI.10557 KY WILDER 41076 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMASIST OMNICARE** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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| Use separate schedule(s) for each category of the | l ` | ck only | or | ne) | | | | | | | |
| Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | | |
| | | 13 | | 14 | | 15 | | 16 | | | 17 |

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. Politcal Action Committee Full Name (Last, First, Middle Initial) MARK J SCHRODER Date of Receipt Mailing Address 30 Sentinel Drive 09 2012 11 City State Zip Code Transaction ID: SA11AI.10772 KY **WILDER** 41076 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE PHARMASIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. MARK J SCHRODER Date of Receipt Mailing Address 30 Sentinel Drive 11 23 2012 City State Zip Code Transaction ID: SA11AI.10665 **WILDER** KY 41076 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE PHARMASIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 26 10 2012 City State Zip Code Transaction ID: SA11AI.10561 OH Hamilton 45011 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation SVP/GM Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

60.00

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

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

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14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 09 2012 City State Zip Code Transaction ID: SA11AI.10776 OH Hamilton 45011 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation SVP/GM Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10669 OH Hamilton 45011 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. SVP/GM Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 26 10 2012 Zip Code City State Transaction ID: SA11AI.10562 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing 12.40 С federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.40 Other (specify) 52.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 09 2012 City Zip Code State Transaction ID: SA11AI.10777 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing C 12.40 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 272.80 Other (specify) Full Name (Last, First, Middle Initial) B. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 11 23 2012 City State Zip Code Transaction ID: SA11AI.10670 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing 12.40 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 285.20 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 26 10 2012 Zip Code State Transaction ID: SA11AI.10564 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE INC Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 44.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C | ommittee | |
| Receipt For: Primary General Other (specify) ▼ | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 440.00 | Date of Receipt 11 09 2012 Transaction ID: SA11AI.10779 Amount of Each Receipt this Period 20.00 |
| OMNICABEING | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 460.00 | Date of Receipt 11 23 2012 Transaction ID: SA11AI.10672 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) SCOTT THAYER Mailing Address 12677 TRAM LANE City CARMEL FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code IN 46032 C Occupation MANAGEMENT Aggregate Year-to-Date ▼ 210.00 | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10565 Amount of Each Receipt this Period 10.00 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or | | 50.00 |

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) SCOTT THAYER Mailing Address 12677 TRAM LANE City CARMEL FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code IN 46032 C Occupation MANAGEMENT Aggregate Year-to-Date ▼ 220.00 | Date of Receipt 11 09 2012 Transaction ID : SA11AI.10780 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) SCOTT THAYER Mailing Address 12677 TRAM LANE City CARMEL FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code IN 46032 C Occupation MANAGEMENT Aggregate Year-to-Date ▼ 230.00 | Date of Receipt 11 23 2012 Transaction ID : SA11AI.10673 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) Daniel A. Thomas Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 300.00 | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10566 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) | |

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14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Daniel A. Thomas Date of Receipt Mailing Address 09 2012 City State Zip Code Transaction ID: SA11AI.10781 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A. Thomas Date of Receipt Mailing Address 11 23 2012 City State Zip Code Transaction ID: SA11AI.10674 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 26 10 2012 City Zip Code State Transaction ID: SA11AI.10567 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Customer Facing Technology Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 09 2012 City State Zip Code Transaction ID: SA11AI.10782 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP of Customer Facing Technology Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 11 23 2012 City State Zip Code Transaction ID: SA11AI.10675 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare VP of Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) c. SONYA TREZEVANT Date of Receipt Mailing Address 2429 HAMPTON PL 26 10 2012 City State Zip Code Transaction ID: SA11AI.10568 KY FT. MITCHELL 41017 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **VP OF MARKETING OMNICARE** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00

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

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

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Statemer or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comr | nittee | |
| OMNICARE Receipt For: Primary General Other (specify) ▼ Other | te Zip Code 41017 Doation F MARKETING Legate Year-to-Date ▼ 220.00 | Date of Receipt 11 09 2012 Transaction ID : SA11AI.10783 Amount of Each Receipt this Period 10.00 |
| OMNICARE VP OF | te Zip Code 41017 pation F MARKETING egate Year-to-Date ▼ | Date of Receipt 11 23 2012 Transaction ID : SA11AI.10676 Amount of Each Receipt this Period |
| Omnicare Pharm | 17111 pation | Date of Receipt 10 26 2012 Transaction ID : SA11AI.10569 Amount of Each Receipt this Period 40.00 |
| SUBTOTAL of Receipts This Page (optional) | ····· | 60.00 |
| TOTAL This Period (last page this line number only) | | |

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| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any pers he name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | n Committee | |
| Full Name (Last, First, Middle Initial) Thomas Trite Mailing Address 6512 Windmere Rd | | Date of Receipt |
| City | State Zip Code | 11 09 2012 Transaction ID : SA11Al.10784 |
| Harrisburg | PA 17111 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer Omnicare | Occupation Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |
| Full Name (Last, First, Middle Initial) Thomas Trite Mailing Address 6512 Windmere Rd | • | Date of Receipt |
| | | 11 23 2012 |
| City Harrisburg | State Zip Code PA 17111 | Transaction ID : SA11AI.10677 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer Omnicare | Occupation Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 920.00 | |
| Full Name (Last, First, Middle Initial) C. THOMAS TUCKER | • | Date of Receipt |
| Mailing Address 11201 RIVER OAKS LN W | | 10 26 2012 |
| City OSCEOLA | State Zip Code IN 46561 | Transaction ID : SA11AI.10571 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 25.00 |
| Name of Employer | Occupation | |
| OMNICARE, INC Receipt For: | PHARMACIST | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 525.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 105.00 |
| TOTAL This Period (last page this line number | er only) | |

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for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 2012 09 City Zip Code State Transaction ID: SA11AI.10786 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 11 23 2012 City State Zip Code Transaction ID: SA11AI.10679 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 Other (specify) Full Name (Last, First, Middle Initial) c. William P Tucker Date of Receipt Mailing Address 5807 Washington Ave 26 10 2012 City Zip Code State Transaction ID: SA11AI.10572 TX Houston 77007 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Divisional CFO - West Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) William P Tucker Date of Receipt Mailing Address 5807 Washington Ave 09 2012 City State Zip Code Transaction ID: SA11AI.10787 TX Houston 77007 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Divisional CFO - West Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. William P Tucker Date of Receipt Mailing Address 5807 Washington Ave 11 23 2012 City State Zip Code Transaction ID: SA11AI.10680 TX Houston 77007 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare Divisional CFO - West Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Von Dohren Date of Receipt Mailing Address 10 Harvest Dr. 26 10 2012 City State Zip Code Transaction ID: SA11AI.10575 PΑ Barto 19504 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, Access Solutions Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 63 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Denise Von Dohren Date of Receipt Mailing Address 10 Harvest Dr. 09 2012 11 City Zip Code State Transaction ID: SA11AI.10790 PΑ Barto 19504 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Access Solutions Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Von Dohren Date of Receipt Mailing Address 10 Harvest Dr. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10683 PA Barto 19504 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Access Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timmy Waters Date of Receipt Mailing Address 26 10 2012 City State Zip Code Transaction ID: SA11AI.10576 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | FOR LINE NUMBER: | PAGE 64 OF |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
|---|----------------------------------|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) Timmy Waters | | Date of Receipt |
| Mailing Address | | 11 09 2012 |
| City | State Zip Code | Transaction ID : SA11AI.10791 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer Bi-weekly Payroll Deduction - \$15 | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |
| Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address | | Date of Receipt |
| Mailing Address City | State Zip Code | 11 23 2012 Transaction ID : SA11AI.10684 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer Bi-weekly Payroll Deduction - \$15 | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 345.00 | |
| Full Name (Last, First, Middle Initial) C. Robert Weir | | Date of Receipt |
| Mailing Address 4100 Napanee Road | | 10 26 2012 |
| City Louisville | State Zip Code KY 40207 | Transaction ID : SA11AI.10577 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare | Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 50.00 |
| TOTAL This Period (last page this line number | | |

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for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Weir Date of Receipt Mailing Address 4100 Napanee Road 2012 09 City State Zip Code Transaction ID: SA11AI.10792 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Weir Date of Receipt Mailing Address 4100 Napanee Road 11 23 2012 City State Zip Code Transaction ID: SA11AI.10685 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Weiss Date of Receipt Mailing Address 1601 Springdale Road 26 10 2012 City Zip Code State Transaction ID: SA11AI.10578 NJ Cherry Hill 08003 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Product Manager/Business Process Archi Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 66 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Thomas Weiss Date of Receipt Mailing Address 1601 Springdale Road 2012 09 City State Zip Code Transaction ID: SA11AI.10793 Cherry Hill NJ 08003 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Product Manager/Business Process Archi Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Weiss Date of Receipt Mailing Address 1601 Springdale Road 11 23 2012 City State Zip Code Transaction ID: SA11AI.10686 NJ Cherry Hill 08003 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc Product Manager/Business Process Archi Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. David West Date of Receipt Mailing Address 80 Camelot Ridge Dr. 10 26 2012 City State Zip Code Transaction ID: SA11AI.10579 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 67 OF 76 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) **David West** Date of Receipt Mailing Address 80 Camelot Ridge Dr. 09 2012 City State Zip Code Transaction ID: SA11AI.10794 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. David West Date of Receipt Mailing Address 80 Camelot Ridge Dr. 11 23 2012 City State Zip Code Transaction ID: SA11AI.10687 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Craig E White Date of Receipt Mailing Address 1790 263 Street 26 10 2012 City State Zip Code Transaction ID: SA11AI.10580 IL Milan 61264 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Activ | on Committe | ee | |
| Full Name (Last, First, Middle Initial) A. Craig E White Mailing Address 1790 263 Street | | | Date of Receipt |
| City Milan | State IL | Zip Code 61264 | 11 09 2012 Transaction ID : SA11AI.10795 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation Pharmacist | : | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 220.00 | |
| Full Name (Last, First, Middle Initial) B. Craig E White Mailing Address 1790 263 Street | | | Date of Receipt |
| City | State | Zip Code | 11 23 2012 Transaction ID : SA11AI.10688 |
| Milan FEC ID number of contributing federal political committee. | C | 61264 | Amount of Each Receipt this Period |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation Pharmacist | | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 230.00 | |
| Full Name (Last, First, Middle Initial) C. Michael W Williams Mailing Address 10451 Oak Leaf St. | | | Date of Receipt |
| City Largo | State FL | Zip Code 33774 | 10 26 2012 Transaction ID : SA11AI.10583 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 10.00 |
| Name of Employer Omnicare Receipt For: | | Pharmacist | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 210.00 | |
| SUBTOTAL of Receipts This Page (optional | ıl) | | 30.00 |
| TOTAL This Period (last page this line num | nber only) | | |

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| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) Michael W Williams Mailing Address 10451 Oak Leaf St. | | Date of Receipt |
| City | State Zip Code | 11 09 2012 |
| Largo | FL 33774 | Transaction ID : SA11AI.10798 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Omnicare | Consultant Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |
| Full Name (Last, First, Middle Initial) Michael W Williams Mailing Address (1977) 2 July 1 Co. | | Date of Receipt |
| Mailing Address 10451 Oak Leaf St. | | 11 23 2012 _ |
| City | State Zip Code | Transaction ID : SA11Al.10691 |
| Largo | FL 33774 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Omnicare | Consultant Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Device |
| Mailing Address 7831 Babtist Church Rd | | Date of Receipt 10 26 2012 |
| City Mardela Springs | State Zip Code MD 21837 | Transaction ID : SA11AI.10584 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | General Manager | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 40.00 |
| TOTAL This Period (last page this line number | only) | |

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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. Politcal Action Committee Full Name (Last, First, Middle Initial) Janine Wolfgang Date of Receipt Mailing Address 7831 Babtist Church Rd 09 2012 City Zip Code State Transaction ID: SA11AI.10799 MD Mardela Springs 21837 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janine Wolfgang Date of Receipt Mailing Address 7831 Babtist Church Rd 11 23 2012 City State Zip Code Transaction ID: SA11AI.10692 Mardela Springs MD 21837 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 26 10 2012 City Zip Code State Transaction ID: SA11AI.10585 UT RIVERTON 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify)

60.00

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

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FOR LINE NUMBER: PAGE 71 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 2012 09 City Zip Code State Transaction ID: SA11AI.10800 UT **RIVERTON** 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 11 23 2012 City State Zip Code Transaction ID: SA11AI.10693 **RIVERTON** UT 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 26 10 2012 City Zip Code State Transaction ID: SA11AI.10586 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation CFO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2625.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code KY 41011 C Occupation CFO Aggregate Year-to-Date ▼ 2750.00 | Date of Receipt 11 09 2012 Transaction ID: SA11AI.10801 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code KY 41011 C Occupation CFO Aggregate Year-to-Date ▼ 2875.00 | Date of Receipt 11 23 2012 Transaction ID : SA11AI.10694 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) Jennifer Yowler Mailing Address 6193 Terrey Pines Ct. City Mason FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45040 C Occupation Divisional CFO Aggregate Year-to-Date ▼ 300.00 | Date of Receipt 10 26 2012 Transaction ID: SA11AI.10587 Amount of Each Receipt this Period 20.00 |
| SUBTOTAL of Receipts This Page (optional) | | 270.00 |
| TOTAL This Period (last page this line number | only) | |

FOR LINE NUMBER: PAGE 73 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 74 OF 76 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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. Politcal Action Committee Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 2012 09 City Zip Code State Transaction ID: SA11AI.10803 NY BALDWINSVILLE 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation OMNICARE INC PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 11 23 2012 City State Zip Code Transaction ID: SA11AI.10696 BALDWINSVILLE NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation **OMNICARE INC** PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 26 10 2012 City Zip Code State Transaction ID: SA11AI.10589 MI Orchard Lake 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Chief Clinical Officer Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 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. Politcal Action Committee Full Name (Last, First, Middle Initial) Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 2012 09 City Zip Code State Transaction ID: SA11AI.10804 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 11 23 2012 City State Zip Code Transaction ID: SA11AI.10697 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... 7333.20 TOTAL This Period (last page this line number only).....

| SCHEDULE B (FEC Form 3X) | Lloo concrete selectivity | FOR LINE NUMBER: PAGE 76 | | 76 OF 76 |
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| TEMIZED DISBURSEMENTS | Use separate schedule for each category of the | lo lock only | • | 7.05 |
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| or for commercial purposes, other than using the nam | | | | |
| NAME OF COMMITTEE (In Full) | | | | |
| OmniCare, Inc. Politcal Action Cor | nmittee | | | |
| / | | | | |
| Full Name (Last, First, Middle Initial) | | | D . (D) | |
| A. PARKER, VERNON | | | Date of Disbursement | |
| Mailing Address 5635 E LINCOLN DRIVE | | | | 2012 |
| # 18 | | | 10 20 2 | .012 |
| , | State Zip Code | | Transaction ID : SB23.1048 | n |
| PARADISE VALLEY | AZ 85253 | | Transaction ib . 3623.1040 | U |
| Purpose of Disbursement | | 011 | Amount of Each Disbursemen | t this Pariod |
| Candidate Name | | | Amount of Each Disbursemen | it tills Pellou |
| PARKER, VERNON | | Category/ Type | | 1000.00 |
| Office Sought: House Disbursen | nent For: | .,,,,, | , | |
| Senate | Primary Genera | al | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishamana | |
| 3. RUNYAN, JON | | | Date of Disbursement | |
| Mailing Address 263 MT LAUREL RD | | | | 2012 |
| Maning / Red 200 205 WIT EAGNEE ND | | | 10 20 2 | .012 |
| , | State Zip Code | | Transaction ID : SB23.1047 | 8 |
| MT LAUREL | NJ 08054 | | | • |
| Purpose of Disbursement | | 011 | Amount of Each Disbursemen | t this Period |
| Candidate Name | | | Amount of East Blobaroomers | it tillo i ollou |
| | | Category/ Type | | 1000.00 |
| Office Sought: House Disbursen | nent For: | | | |
| | Primary General | ıl | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | |
| ,. | | | | / |
| Mailing Address | | | | |
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| Candidate Name | | Category/ | Amount of Each Disbursemen | it tills i cilou |
| | | | | |
| | | Type | | |
| Office Sought: House Disbursen | | Туре | | |
| Senate | Primary Genera | | | |
| Senate President | | | | |
| Senate | Primary Genera | | | |
| Senate President State: District: | Primary General Other (specify) ▼ | al | | 2000.00 |
| Senate President | Primary General Other (specify) ▼ | al | | |