

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

Office Use Only

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

12FE4M5

OMNICARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

900 OMNICARE CENTER

201 E FOURTH STREET

☐ Check if different than previously reported. (ACC)

CINCINNATI

OH

45202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

☒ POST-Election
Report for the:☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Type or Print Name of Treasurer Donna Lecky

Signature of Treasurer

Donna Lecky

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		84338.44
(b) Cash on Hand at Beginning of Reporting Period.....	98141.66	
(c) Total Receipts (from Line 19)	3952.00	42848.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102093.66	127186.92
7. Total Disbursements (from Line 31)	0.00	25093.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102093.66	102093.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 16 2014

To:

M M / D D / Y Y Y Y
11 24 2014**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).....

3680.00

26031.08

(ii) Unitemized

272.00

16817.40

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

3952.00

42848.48

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

3952.00

42848.48

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

3952.00

42848.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

3952.00

42848.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	240.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	240.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	24000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	852.97
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	25093.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	25093.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3952.00	42848.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3952.00	42848.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	240.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	240.29

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 70

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8746

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8818

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8889

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Todd Anderson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8747

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Todd Anderson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8819

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Todd Anderson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8890

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 70
(check only one)

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Darold R Barnes

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8748

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Darold R Barnes

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8820

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Darold R Barnes

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8891

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alan R Bell

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8749

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alan R Bell

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8821

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Alan R Bell

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8892

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jonathan D Borman

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8750

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Jonathan D Borman

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8822

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Jonathan D Borman

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8893

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barry R Bress

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8752

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barry R Bress

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8824

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barry R Bress

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8895

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 70

(check only one)

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Craig Capell

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Client Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8753

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Craig Capell

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Client Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8825

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Craig Capell

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Client Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8896

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark P Celebre

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8754

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark P Celebre

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8826

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mark P Celebre

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8897

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jeremy T Colvin

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8755

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy T Colvin

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8827

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy T Colvin

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8898

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Beth G Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, SNF Accounts & Program D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8756

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Beth G Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, SNF Accounts & Program D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8828

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Beth G Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, SNF Accounts & Program D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8899

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. William W Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8757

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. William W Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8829

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. William W Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8900

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert E Dries

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : SA11AI.8758

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert E Dries

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SA11AI.8830

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert E Dries

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SA11AI.8901

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian W Egan

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian W Egan

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8831

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian W Egan

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8902

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. G W Erwin

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8903

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James Falls

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8762

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. James Falls

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8833

Amount of Each Receipt this Period

10.00

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

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

120.00

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James Falls

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8904

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Robert Foley

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8763

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert Foley

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8834

Amount of Each Receipt this Period

20.00

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

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

50.00

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Gates

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&A Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8764

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Steven Gates

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&A Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8835

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Steven Gates

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&A Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8905

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

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☒ 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. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steve Genisot

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8765

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ivan Gordon

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8766

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Ivan Gordon

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8836

Amount of Each Receipt this Period

20.00

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

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

50.00

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

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ivan Gordon

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8906

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Roberta Halverson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8767

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roberta Halverson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8837

Amount of Each Receipt this Period

10.00

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

40.00

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

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Roberta Halverson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SA11AI.8907

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : SA11AI.8768

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SA11AI.8838

Amount of Each Receipt this Period

40.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8908

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Patrice Johnson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8769

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Patrice Johnson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8839

Amount of Each Receipt this Period

10.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 70
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrice Johnson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8909

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher W King

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8771

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher W King

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8841

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher W King

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.8911

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Susan J Klem

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8772

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan J Klem

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.8842

Amount of Each Receipt this Period

20.00

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

50.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 70
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Susan J Klem

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8912

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8773

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8843

Amount of Each Receipt this Period

10.00

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

40.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.8913

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Robert O Kraft

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8774

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Robert O Kraft

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.8844

Amount of Each Receipt this Period

100.00

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

210.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 30 OF 70

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert O Kraft

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8914

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donna Lecky

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Donna Lecky

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8847

Amount of Each Receipt this Period

40.00

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

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

180.00

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

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

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PAGE 31 OF 70

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Donna Lecky

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8917

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Patrick C Lee

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8778

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Patrick C Lee

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8848

Amount of Each Receipt this Period

10.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 70
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrick C Lee

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8918

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael J List

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8779

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael J List

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8849

Amount of Each Receipt this Period

20.00

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 70
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael J List

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8919

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John J Lockard

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8780

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John J Lockard

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8850

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

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(check only one)

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John J Lockard

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8920

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Nancy J Losben

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8781

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nancy J Losben

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8851

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy J Losben

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8921

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Matt R Massey

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8783

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Matt R Massey

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8853

Amount of Each Receipt this Period

10.00

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

40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Matt R Massey

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8923

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Justin J May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8784

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Justin J May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8854

Amount of Each Receipt this Period

10.00

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Justin J May

 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : SA11AI.8924

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Elizabeth A McDonald

 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : SA11AI.8785

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Elizabeth A McDonald

 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : SA11AI.8855

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Elizabeth A McDonald

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8925

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael W Meyer

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8786

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Michael W Meyer

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8856

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael W Meyer

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8926

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher J Miller

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8787

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher J Miller

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8857

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 70
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher J Miller

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8927

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Allison J Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8788

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Allison J Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8858

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Allison J Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8928

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lori J Neely

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8789

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori J Neely

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8859

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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Detailed Summary Page

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lori J Neely

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8929

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher T Palen

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8790

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher T Palen

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8860

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

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

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher T Palen

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8930

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Darren W Parks

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Darren W Parks

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8861

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Darren W Parks

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8931

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mark E Price

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8792

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Mark E Price

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8862

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark E Price

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8932

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen J Rappa

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

10 / 17 / 2014

Transaction ID : SA11AI.8745

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen J Rappa

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8793

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stephen J Rappa

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8863

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen J Rappa

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.8888

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen J Rappa

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8933

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Amy Roberts

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8794

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Amy Roberts

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8864

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Amy Roberts

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8934

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8795

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8865

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8935

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark Schroder

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8796

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark Schroder

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8866

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mark Schroder

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8936

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lori Jr Slocum

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8797

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lori Jr Slocum

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.8867

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori Jr Slocum

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.8937

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kimberly K Spooner

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

HR Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : SA11AI.8798

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kimberly K Spooner

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

HR Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SA11AI.8868

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kimberly K Spooner

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

HR Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SA11AI.8938

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Jr Stieritz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8799

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Jr Stieritz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8869

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Jr Stieritz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8939

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robin Taylor

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8800

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robin Taylor

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8870

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robin Taylor

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8940

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Scott Thayer

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8801

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Scott Thayer

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8871

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Scott Thayer

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8941

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Daniel A Thomas

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8802

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Daniel A Thomas

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8872

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Daniel A Thomas

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8942

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gina J. Timmons

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8803

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gina J. Timmons

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8873

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gina J. Timmons

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8943

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janice Tucker

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8804

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Janice Tucker

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8874

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Janice Tucker

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8944

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Tucker

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas Tucker

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SA11AI.8875

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Thomas Tucker

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SA11AI.8945

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8806

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8876

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8946

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8807

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8877

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8947

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Timmy Waters

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8808

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Timmy Waters

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8878

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Timmy Waters

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8948

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas J Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

IT Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.8809

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas J Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

IT Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.8879

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas J Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

IT Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.8949

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David H West

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8810

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. David H West

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8880

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. David H West

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8950

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Craig E White

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : SA11AI.8811

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Craig E White

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SA11AI.8881

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Craig E White

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SA11AI.8951

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marie Williams

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Effectiveness Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marie Williams

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Effectiveness Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.8882

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marie Williams

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Effectiveness Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.8952

Amount of Each Receipt this Period

10.00

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

30.00

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

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Williams

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Effectiveness Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8813

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael Williams

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Effectiveness Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8883

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Michael Williams

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Effectiveness Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8953

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janine Wolfram

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8814

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janine Wolfram

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8884

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Janine Wolfram

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8954

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Wood

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8815

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael Wood

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8885

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael Wood

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8955

Amount of Each Receipt this Period

20.00

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

60.00

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jennifer M Yowler

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8816

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jennifer M Yowler

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8886

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jennifer M Yowler

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8956

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barbara J Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.08

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8817

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barbara J Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.8887

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barbara J Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.8957

Amount of Each Receipt this Period

40.00

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

120.00

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

3680.00