Image# 14952712019 PAGE 1 / 70

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man	All Authorized	Committee			Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
OMNICARE, INC. POL	ITICAL ACTIO	ON COMMIT	TEE		<u> </u>		
				1 1 1 1			
ADDRESS (number and street)	900 OMNICARE O	CENTER					
•	201 E FOURTH S	TREET	1 1 1 1	1 1 1 1	1 1 1 1 1		
Check if different than previously reported. (ACC)	CINCINNATI				ОН	45202	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE 🛦	ZIP COD	E 🛦
C C00392886		3. IS THIS REPORT	\ <u>\</u>	IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Q	(c) 12-Day PRE-Ele Report	for the:			Sep	20 (M9) 20 (M10) 212G) 112S) in the	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day		General (30G	a) 04 /	Runoff (3	OR) In the State of	Special (30S)
5. Covering Period 10	16	2014	through	11_	/ D D / 24	2014	
I certify that I have examined this Type or Print Name of Treasurer	·	e best of my kno	wledge and k	pelief it is true	e, correct and	complete.	
Signature of Treasurer Donna	ı Lecky		[Electronically	Filed] Da	ate 12	03	2014
NOTE: Submission of false, errone	ous, or incomplete i	information may su	bject the pers	son signing thi	s Report to the	e penalties of 2 U.	S.C. §437g.
Office Use Only						FEC FORM Rev. 12/200	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

2014 Report Covering the Period: 10 16 2014 24 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 84338.44 January 1, 2014 (b) Cash on Hand at 98141.66 Beginning of Reporting Period..... 42848.48 3952.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 102093.66 127186.92 6(a) and 6(c) for Column B)..... 0.00 25093.26 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 102093.66 102093.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on

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

Schedule C and/or Schedule D)

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

I. Receipts	Receipts COLUMN A Total This Period							
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	0.00	0.00						
(such as PACs)	0.00	0.00						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry	2050.00	42040 40						
Totals to Line 33, page 5)	3952.00	42848.48						
Transfers From Affiliated/Other								
Party Committees	0.00	0.00						
	0.00	0.00						
All Loans Received	0.00	0.00						
Loan Repayments Received	0.00	0.00						
Offsets To Operating Expenditures	,	,						
(Refunds, Rebates, etc.)								
(Carry Totals to Line 37, page 5)	0.00	0.00						
Refunds of Contributions Made								
to Federal Candidates and Other								
Political Committees	0.00	0.00						
Other Federal Receipts								
(Dividends, Interest, etc.)	0.00	0.00						
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						
		0.00 0.00 0.00						
	3332.00	42848.						
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	Total This Period				
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tille Toriou	Calendar Year-to-Date			
Activity (from Schedule H4)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	0.00	240.29			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	240.29			
Transfers to Affiliated/Other Party		0.00			
CommitteesContributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	0.00	24000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loan riepaymento Made					
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(I) D !!!! D 0 !!!	0.00	0.00			
(b) Political Party Committees(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	0.00	852.97			
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			
T. J. D. J		,			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	25093.26			
		25000.20			
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3952.00	42848.48
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3952.00	42848.48
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	240.29
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	240.29

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

	FOR LINE NUMBER:					PAGE	6	OF	70
(check only one)									
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		13		14		15	16	;	17

or for commercial purposes, other than using t	he 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. Charles Agonis		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 201 E. Fourth Street 900 Omnicare Center	Stata Zin Codo	Date of Receipt 11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8818 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	11 21 2014 Transaction ID : SA11AI.8889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional).		45.00
TOTAL This Period (last page this line number	<u> </u>	

	FOR LINE NUMBER:						PAGE	7	OF	70
(check only one)										
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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Todd Anderson Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc.	State Zip Code OH 45202 C Occupation Pharmacy General Manager	Date of Receipt 10 24 2014 Transaction ID : SA11AI.8747 Amount of Each Receipt this Period 20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Todd Anderson Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager 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) Todd Anderson Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager 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)	

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

FOR LINE NUMBER:					PAGE	8	OF	70
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or for commercial purposes, other than using the	ne 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. Darold R Barnes		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	_	10 24 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc.	Occupation Regional Service Area Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initial) Darold R Barnes Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Transaction ID: SA11AI.8820 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 920.00	
Full Name (Last, First, Middle Initial) Darold R Barnes		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	11 21 2014 Transaction ID : SA11Al.8891
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 960.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line numbe	<u> </u>	

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

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or for commercial purposes, other than using the	he 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. Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Alan R Bell Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7:- Cada	Date of Receipt 11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	<u> </u>	

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

	FOR LINE NUMBER:						PAGE	 10	OF	70
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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) Jonathan D Borman		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc.	Occupation VP, Strategic Sourcing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Jonathan D Borman Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8822
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Strategic Sourcing Aggregate Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Donathan D Borman		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8893 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP, Strategic Sourcing Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional).		45.00
TOTAL This Period (last page this line number	<u>·</u>	

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Any information copied from such Reports and Sour for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Barry R Bress Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8752
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Retail Pharmacy Operations	
Receipt For: Primary General Other (coogify)	Aggregate Year-to-Date ▼ 440.00	
Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) 3. Barry R Bress		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	11 07 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8824 Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Retail Pharmacy Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) C. Barry R Bress		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8895
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Retail Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)	>	60.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER:					PAGE	1	12	OF	70
(check only one)									
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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Craig Capell Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Client Relations Aggregate Year-to-Date ▼	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8753 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Craig Capell Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Client Relations Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8825 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Craig Capell Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Client Relations Aggregate Year-to-Date ▼ 240.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8896 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	30.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15		16		17

or for commercial purposes, other than using the	ne 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. Mark P Celebre		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Regional Customer Service Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Mark P Celebre Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General Other (specify) ▼	Occupation Regional Customer Service Director Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Mark P Celebre		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	11 21 2014 Transaction ID : SA11Al.8897
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Regional Customer Service Director Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	· ·	

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jeremy T Colvin Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8755
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, LTC Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) 3. Jeremy T Colvin		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Code	11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8827
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, LTC Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) C. Jeremy T Colvin		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8898
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, LTC Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)	>	60.00
TOTAL This Period (last page this line number of	only)	

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(check only one)									
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13		14		15		16			17

	statements may not be sold or used by any persolename and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Beth G Coryea Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Sr. Director, SNF Accounts & Program D Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8756 Amount of Each Receipt this Period
Beth G Coryea Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation Sr. Director, SNF Accounts & Program D Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8828 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Beth G Coryea Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, SNF Accounts & Program D Aggregate Year-to-Date ▼ 240.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8899 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		30.00
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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) A. William W Deane		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014				
City	State Zip Code	Transaction ID : SA11AI.8757				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Omnicare, Inc.	VP, Pharmacy Operations-LTC					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	220.00					
Full Name (Last, First, Middle Initial) 3. William W Deane		Date of Receipt				
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y				
900 Omnicare Center City	State Zip Code	11 07 2014 Transport of the Control				
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8829				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Omnicare, Inc.	VP, Pharmacy Operations-LTC					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	230.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014				
City	State Zip Code	Transaction ID : SA11AI.8900				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Omnicare, Inc.	VP, Pharmacy Operations-LTC					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	. agrogato roar to bate ▼					
Other (specify) ▼	240.00					
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Robert E Dries		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8758
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Financial Operation-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1900.00	
Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 2015 Facult Steel		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	11 07 2014 Transaction ID : \$41141 9920
Cincinnati	OH 45202	Transaction ID : SA11AI.8830 Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Financial Operation-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1950.00	
Full Name (Last, First, Middle Initial) C. Robert E Dries		Date of Receipt
Mailing Address 201 E. Fourth Street		<u> </u>
900 Omnicare Center		11 212014
City 900 Omnicare Center	State Zip Code	Transaction ID : SA11AI.8901
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Financial Operation-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggrogate real-to-Date ▼	
Other (specify) ▼	2000.00	
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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 Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) General	State Zip Code OH 45202 C Occupation Pharmacy General Manager 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) Brian W Egan Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager 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) Brian W Egan Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager 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
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL						
Full Name (Last, First, Middle Initial) A. G W Erwin		Date of Receipt				
Mailing Address		11 21 2014				
City	State Zip Code	Transaction ID : SA11AI.8903 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) James Falls Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 10 24 2014 Transaction ID: SA11AL 8762				
Cincinnati	OH 45202	Transaction ID : SA11AI.8762 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer Omnicare, Inc.	Occupation Sales Director					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00					
Full Name (Last, First, Middle Initial) C. James Falls		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 _ 2014 _				
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8833 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer Omnicare, Inc. Receipt For:	Occupation Sales Director Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	230.00					
SUBTOTAL of Receipts This Page (optional)		120.00				
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. James Falls		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8904
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Robert Foley Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	10 24 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8763
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) C. Robert Foley		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8834
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
SUBTOTAL of Receipts This Page (optional)	•	50.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE					
Full Name (Last, First, Middle Initial) A. Steven Gates		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014				
City	State Zip Code	Transaction ID : SA11AI.8764				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	20.00				
Name of Employer	Occupation					
Omnicare, Inc.	Sr. Director, FP&A Group					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	440.00					
Full Name (Last, First, Middle Initial) 3. Steven Gates		Date of Receipt				
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y				
900 Omnicare Center	State Zip Code	11 07 2014				
City Cincinnati	Transaction ID : SA11AI.8835					
_	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer	Occupation					
Omnicare, Inc.	Sr. Director, FP&A Group					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	460.00					
Full Name (Last, First, Middle Initial) Steven Gates		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014				
City	State Zip Code	Transaction ID : SA11AI.8905				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer	Occupation					
Omnicare, Inc.	Sr. Director, FP&A Group					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	480.00					
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Steve Genisot Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Inc.	State Zip Code OH 45202 C Occupation Pharmacy General Manager	Date of Receipt 10 24 2014 Transaction ID: SA11Al.8765 Amount of Each Receipt this Period
Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 440.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8766 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date 460.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8836 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	50.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8906
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Roberta Halverson		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	Chata 7'- O-1	10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8767
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) C. Roberta Halverson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8837
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	230.00	
SUBTOTAL of Receipts This Page (optional)		40.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Roberta Halverson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		1.1
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City	Date of Receipt 10 24 2014 Transaction ID: SA11AL 8768	
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8768 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initial) Terry Harris		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For:	Occupation Sr. Director, Operations Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	920.00	
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Operations 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) 3. Patrice Johnson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation Regional Account Executive Aggregate Year-to-Date ▼ 220.00	Transaction ID : SA11AI.8769 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Patrice Johnson Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati	State Zip Code OH 45202	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8839 Amount of Food Receipt this Region
FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	Occupation Regional Account Executive Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 10.00
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\rangle	NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
<u></u> А.	Full Name (Last, First, Middle Initial) Patrice Johnson		Date of Receipt
	Mailing Address 201 E. Fourth Street 900 Omnicare Center	Chate	11 21 / 2014
	City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8909 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer	Occupation	
	Omnicare, Inc.	Regional Account Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Christopher W King		Date of Receipt
	Mailing Address 201 E. Fourth Street 900 Omnicare Center	10 24 2014	
	City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8771
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
С.	Full Name (Last, First, Middle Initial) Christopher W King		Date of Receipt
	Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8841 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	10.00
	Name of Employer	Occupation	
	Omnicare, Inc.	Sr. Director, Clinical Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
s	SUBTOTAL of Receipts This Page (optional)		30.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Christopher W King Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 240.00	Date of Receipt 11 21 2014 Transaction ID: SA11Al.8911 Amount of Each Receipt this Period
Susan J Klem Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 440.00	Date of Receipt M M / 24 2014 Transaction ID: SA11AI.8772 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Susan J Klem Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 460.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8842 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	50.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Susan J Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 11 21 City Zip Code State Transaction ID: SA11AI.8912 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Sr. Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew H Kowal Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 24 2014 City State Zip Code Transaction ID: SA11AI.8773 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew H Kowal Date of Receipt Mailing Address 201 E. Fourth Street 2014 11 07 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8843 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Andrew H Kowal		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	Chate 7' C	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 10 24 2014 Transaction ID: SA11AL 8774
Cincinnati	OH 45202	Transaction ID : SA11AI.8774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation CFO Aggregate Year-to-Date ▼	
Other (specify) ▼	2200.00	
Full Name (Last, First, Middle Initial) C. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Omnicare, Inc. Receipt For:	Occupation CFO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	
SUBTOTAL of Receipts This Page (optional)	•	210.00
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or for commercial purposes, other than using the	ne 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. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	11 21 2014 Transaction ID : SA11AI.8914
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Treasurer Aggregate Year-to-Date ▼ 880.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8777 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Treasurer Aggregate Year-to-Date ▼ 920.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8847 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		180.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Treasurer 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) Patrick C Lee Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Investor Relations Aggregate Year-to-Date ▼	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8778 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Patrick C Lee Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Investor Relations Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8848 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		60.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Patrick C Lee		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc.	Occupation VP, Investor Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Michael J List Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8779
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Dispensing Pharmacist Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Michael J List Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8849
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Dispensing Pharmacist Aggregate Year-to-Date ▼ 460.00	
SUBTOTAL of Receipts This Page (optional)		50.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Michael J List Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Dispensing Pharmacist Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8919 Amount of Each Receipt this Period 20.00
Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager 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) John J Lockard Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 460.00	Date of Receipt 11 07 2014 Transaction ID : SA11AI.8850 Amount of Each Receipt this Period 20.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) John J Lockard		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		1.1 21 2014 2014 21 1 21 1 2014 2 2014 2 2014 2 2014 2 2014 2 2014 2 2014 2 2014
City	State Zip Code	Transaction ID : SA11AI.8920
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Nancy J Losben		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	10 24 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8781 Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Chief Quality Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) C. Nancy J Losben		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8851
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Chief Quality Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, 1991-09410 TOUL 10 Date \$	
Other (specify) ▼	460.00	
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 11 21 City Zip Code State Transaction ID: SA11AI.8921 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Quality Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matt R Massey Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 24 2014 City State Zip Code Transaction ID: SA11AI.8783 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matt R Massey Date of Receipt Mailing Address 201 E. Fourth Street 2014 11 07 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8853 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Matt R Massey Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8923 Amount of Each Receipt this Period
Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation Sr. Sales Director Aggregate Year-to-Date ▼	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8784 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Justin J May Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Sales Director Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8854 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	30.00	
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Justin J May Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Date of Receipt 11 21 2014 Transaction ID: SA11Al.8924 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr. Sales Director Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Bizabeth A McDonald Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, National Accounts Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8785 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Elizabeth A McDonald Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation VP, National Accounts Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID : SA11AI.8855 Amount of Each Receipt this Period 10.00
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or for commercial purposes, other than using t	he 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. Elizabeth A McDonald		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8925 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer Omnicare, Inc.	Occupation VP, National Accounts	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Michael W Meyer Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 10 24 2014 Transaction ID: SA11AL 8786
Cincinnati	OH 45202	Transaction ID: SA11AI.8786 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Michael W Meyer		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8856 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 230.00	
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Michael W Meyer Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 240.00	Date of Receipt 1.1 21 2014 Transaction ID: SA11AI.8926 Amount of Each Receipt this Period 10.00
Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Operations 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) Christopher J Miller Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8857 Amount of Each Receipt this Period
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Christopher J Miller Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ 240.00	Date of Receipt 11 21 2014 Transaction ID: SA11Al.8927 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Allison J Moser Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Talent Management Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8788 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Allison J Moser Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Talent Management Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8858 Amount of Each Receipt this Period 10.00
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	he name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lori J Neely Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Consultant Pharmacist 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) Christopher T Palen Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.8790 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Christopher T Palen Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID : SA11AI.8860 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		30.00

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or for commercial purposes, other than using t	he 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) Christopher T Palen		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Darren W Parks Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Transaction ID : SA11AI.8791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Darren W Parks		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	11 07 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional).		30.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Darren W Parks		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : SA11AI.8931
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Mark E Price		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Code	10 24 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8792
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Mark E Price		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8862
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	230.00	
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mark E Price Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 11 21 City Zip Code State Transaction ID: SA11AI.8932 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 17 2014 City State Zip Code Transaction ID: SA11AI.8745 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 10 24 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8793 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Stephen J Rappa Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 430.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8863 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Stephen J Rappa Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 440.00	Date of Receipt 11 14 2014 Transaction ID: SA11AI.8888 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Stephen J Rappa Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 450.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8933 Amount of Each Receipt this Period 10.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Amy Roberts Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8794
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	11 07 2014
City Cincinnati	OH 45202	Transaction ID: SA11AI.8864
	10202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7:- O-J	11 21 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8934
FEC ID number of contributing	C 45202	Amount of Each Receipt this Period 20.00
federal political committee.		
Name of Employer	Occupation	
Omnicare, Inc. Receipt For:	Sales Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	480.00	
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For:	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼	Date of Receipt 10 24 2014 Transaction ID : SA11AI.8795 Amount of Each Receipt this Period 40.00
Primary General Other (specify) ▼	880.00	
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC 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) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC 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)	

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	statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mark Schroder Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 440.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.8796 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Mark Schroder Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 460.00	Date of Receipt 11 07 2014 Transaction ID : SA11AI.8866 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Mark Schroder Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID : SA11AI.8936 Amount of Each Receipt this Period 20.00
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Lori Jr Slocum Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 24 2014 Transaction ID: SA11Al.8797 Amount of Each Receipt this Period
Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8867 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Lori Jr Slocum Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 240.00	Date of Receipt 11 21 2014 Transaction ID : SA11AI.8937 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	•	30.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Kimberly K Spooner Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8798
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation HR Director Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Kimberly K Spooner Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati FEC ID number of contributing	State Zip Code OH 45202	11 07 2014 Transaction ID : SA11AI.8868 Amount of Each Receipt this Period
federal political committee. Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation HR Director Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Kimberly K Spooner Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation HR Director Aggregate Year-to-Date ▼ 240.00	
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	he name and address of any political committee to						
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) 1. Thomas Jr Stieritz		Date of Receipt					
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.8799					
Cincinnati	OH 45202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
Omnicare, Inc.	VP & GM excelleRx						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	Aggregate real-to-bate ¥						
Full Name (Last, First, Middle Initial) Thomas Jr Stieritz Mailing Address 2015 Fourth Street		Date of Receipt					
Mailing Address 201 E. Fourth Street							
900 Omnicare Center City	State Zip Code	11 07 2014					
Cincinnati	OH 45202	Transaction ID : SA11AI.8869 Amount of Each Receipt this Period					
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FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
Omnicare, Inc.	VP & GM excelleRx						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	460.00						
Full Name (Last, First, Middle Initial) Thomas Jr Stieritz		Date of Receipt					
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014					
City	State Zip Code	Transaction ID : SA11AI.8939					
Cincinnati	OH 45202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	20.00					
Name of Employer	Occupation						
Omnicare, Inc.	VP & GM excelleRx						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	יוששייטשמיט ויטמו־נט־טמופ ▼						
Other (specify) ▼	480.00						
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or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8800 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ 460.00	Date of Receipt 1.1 07 2014 Transaction ID: SA11AI.8870 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8940 Amount of Each Receipt this Period 20.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Scott Thayer Mailing Address 2245 5 5 ct 1 2 ct		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8801
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Scott Thayer		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center	State Zin Code	11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8871
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Coott Thayer		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8941
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
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70 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 10 24 City Zip Code State Transaction ID: SA11AI.8802 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 07 2014 City State Zip Code Transaction ID: SA11AI.8872 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP & GM RxCrossroads Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 2014 11 21 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8942 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Gina J. Timmons Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation VP, Customer Facing Technology Aggregate Year-to-Date ▼ 440.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8803 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Gina J. Timmons Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Customer Facing Technology Aggregate Year-to-Date ▼ 460.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8873 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Gina J. Timmons Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Customer Facing Technology Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8943 Amount of Each Receipt this Period 20.00
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Full Name (Last, First, Middle Initial) Janice Tucker Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati State OH 45202 Transaction ID: SA11Al.8804 Amount of Each Receipt this Period Transaction ID: SA11Al.8804 Amount of Each Receipt this Period Transaction ID: SA11Al.8804 Amount of Each Receipt this Period Transaction ID: SA11Al.8804 Transaction ID: SA11Al.8804 Amount of Each Receipt this Period Transaction ID: SA11Al.8804 Transaction ID: SA11Al.8804 Transaction ID: SA11Al.8804 Transaction ID: SA11Al.8804 Transaction ID: SA11Al.8874 Transaction ID: SA11Al.8874 Amount of Each Receipt this Period Transaction ID: SA11Al.8874 Transaction ID: SA11Al.8874 Amount of Each Receipt this Period Transaction ID: SA11Al.8874 Transaction ID: SA11Al.8874 Amount of Each Receipt this Period Transaction ID: SA11Al.8874 Transaction ID: SA11Al.8944 Transaction ID: SA11Al.8944		the name and address of any political committee ACTION COMMITTEE	
Address 201 E. Fourth Street 900 Omnicare Center City City Cincinnati OH 45202 FEC ID number of contributing federal political committee. Receipt For: Primary Other (specify) ▼ City City City City City Cincinnati OH 45202 City Cincinnati OH 45202 Fell Name (Last, First, Middle Initial) City City City City City City City City	Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General	OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼	10 24 2014 Transaction ID : SA11AI.8804
Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati City City City City City City City C	Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General	OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼	11 07 2014 Transaction ID : SA11AI.8874
SUBTOTAL of Receipts This Page (optional)	Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General	OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼	11 21 2014 Transaction ID : SA11AI.8944
	SUBTOTAL of Receipts This Page (optional).	>	30.00

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	the name and address of any political committee to	
OMNICARE, INC. POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8805
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.8875
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to Date ▼	
Other (specify) ▼	575.00	
Full Name (Last, First, Middle Initial) Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8945
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (ontional	l)	75.00
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dawn Tuttle Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 10 24 City State Zip Code Transaction ID: SA11AI.8806 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Regional Account Executive Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Tuttle Date of Receipt Mailing Address 201 E. Fourth Street M M / D D / Y Y Y Y

900 Omnicare Center		11 07 2014				
City	State Zip Code	Transaction ID : SA11AI.8876				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Omnicare, Inc.	Regional Account Executive					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00					
Full Name (Last, First, Middle Initial) C. Dawn Tuttle		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014				
City	State Zip Code	Transaction ID : SA11AI.8946 Amount of Each Receipt this Period				
Cincinnati	OH 45202					
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Omnicare, Inc.	Regional Account Executive					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00					
SUBTOTAL of Receipts This Page (optional)	30.00				

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.8807
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) 3. Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Code	11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8877
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial) Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		M = M / D = D / Y = Y = Y = Y 11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8947
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line num	ber only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8808 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 345.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8878 Amount of Each Receipt this Period 15.00
Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 360.00	Date of Receipt 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	r only)	

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or for commercial purposes, other than using	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
OMNICARE, INC. POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas J Weiss		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State Zin Code	10 24 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8809
FEC ID number of contributing federal political committee.	C 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc.	Occupation IT Architect	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Thomas J Weiss		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	11 07 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8879 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer Omnicare, Inc.	Occupation IT Architect	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) C. Thomas J Weiss	1	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Omnicare, Inc.	IT Architect	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional	ıl)	30.00
	nber only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. David H West Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 10 24 2014
City 900 Omnicare Center	State Zip Code	Transaction ID : SA11AI.8810
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) 3. David H West		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	Stata 7in Onda	11 07 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8880
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) C. David H West		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.8950
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Craig E White Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 10 24 City Zip Code State Transaction ID: SA11AI.8811 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Dispensing Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Craig E White Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 07 2014 City State Zip Code Transaction ID: SA11AI.8881 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Dispensing Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Craig E White Date of Receipt Mailing Address 201 E. Fourth Street 11 21 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8951 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. **Dispensing Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Marie Williams Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Sales Effectiveness Coach Aggregate Year-to-Date ▼	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8812 Amount of Each Receipt this Period 10.00
Marie Williams Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sales Effectiveness Coach Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8882 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Marie Williams Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sales Effectiveness Coach Aggregate Year-to-Date ▼	Date of Receipt 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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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	he 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. Michael Williams		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7in Cada	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc.	Occupation Sales Effectiveness Coach	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Michael Williams Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Transaction ID : SA11AI.8883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sales Effectiveness Coach Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Michael Williams		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation Sales Effectiveness Coach Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	>	30.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Janine Wolfram Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 440.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8814 Amount of Each Receipt this Period 20.00
Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 460.00	Date of Receipt 11 07 2014 Transaction ID : SA11AI.8884 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Janine Wolfram Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8954 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	60.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 440.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8815 Amount of Each Receipt this Period 20.00
Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 460.00	Date of Receipt 11 07 2014 Transaction ID: SA11AI.8885 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8955 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)	

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jennifer M Yowler Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Financial Processes Aggregate Year-to-Date ▼ 440.00	Date of Receipt 10 24 2014 Transaction ID: SA11AI.8816 Amount of Each Receipt this Period 20.00
Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202 C Occupation VP, Financial Processes Aggregate Year-to-Date ▼ 460.00	Date of Receipt M M / D D / 2014 Transaction ID: SA11AI.8886 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Jennifer M Yowler Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Financial Processes Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 21 2014 Transaction ID: SA11AI.8956 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		60.00
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	and Statements may not be sold or used by any pering the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITIC	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	7. 0.	10 24 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8817
Cincinnati	On 45202	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	906.08	
Full Name (Last, First, Middle Initial) 3. Barbara J Zarowitz		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	7. 0.	11 07 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8887
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	946.08	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz	·	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 21 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8957
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	986.08	
SUBTOTAL of Receipts This Page (option	nal)	120.00
		3680.00
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