

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

1600 River Center II

100 East River Center Blvd

☐Check if different
than previously
reported. (ACC)

Covington

KY

41101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00392886

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

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

Type or Print Name of Treasurer

Tom Marsh

Signature of Treasurer

Electronically Filed by Tom Marsh

Date

04

05

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		32353.40
(b) Cash on Hand at Beginning of Reporting Period	32353.40	
(c) Total Receipts (from Line 19)	6559.42	6559.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38912.82	38912.82
7. Total Disbursements (from Line 31)	1755.46	1755.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37157.36	37157.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 17

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3212.24	3212.24
(ii) Unitemized	3347.18	3347.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6559.42	6559.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6559.42	6559.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6559.42	6559.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6559.42	6559.42

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	-244.54	-244.54	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1755.46	1755.46	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1755.46	1755.46	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6559.42	6559.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6559.42	6559.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6526

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduc-
tion - \$41.67

B.

Full Name (Last, First, Middle Initial)
BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6555

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduc-
tion - \$41.67

C.

Full Name (Last, First, Middle Initial)
SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City State Zip Code
BHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6527

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduc-
tion - \$42.00

SUBTOTAL of Receipts This Page (optional)

125.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6556

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduc-
tion - \$42.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.6438

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.6489

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

SUBTOTAL of Receipts This Page (optional)

442.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.6500

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6530

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6559

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

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

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.6488

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-
ction - \$85.00**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.6499

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-
ction - \$85.00**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.6529

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-
ction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6558

Amount of Each Receipt this Period

85.00

Semi-monthly payroll deduc-
tion - \$85.00

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.6520

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00

C.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.6549

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.6498

Amount of Each Receipt this Period

60.00

Semi-monthly payroll dedu-
ction - \$60.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6528

Amount of Each Receipt this Period

60.00

Semi-monthly payroll dedu-
ction - \$60.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6557

Amount of Each Receipt this Period

60.00

Semi-monthly payroll dedu-
ction - \$60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6428

Amount of Each Receipt this Period

225.00

Semi-monthly payroll deduc-
tion - \$225.00

B.

Full Name (Last, First, Middle Initial)

Patrick Keefe

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Cincinnati

State

OH

Zip Code

45244

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federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.6439

Amount of Each Receipt this Period

225.00

Semi-monthly payroll deduc-
tion - \$225.00

C.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

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

Transaction ID: SA11AI.6490

Amount of Each Receipt this Period

225.00

Semi-monthly payroll deduc-
tion - \$225.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City	State	Zip Code
Cincinnati	OH	45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.6501

Amount of Each Receipt this Period

225.00

Semi-monthly payroll dedu-
ction - \$225.00**B.**

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City	State	Zip Code
Cincinnati	OH	45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.6531

Amount of Each Receipt this Period

225.00

Semi-monthly payroll dedu-
ction - \$225.00**C.**

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City	State	Zip Code
Cincinnati	OH	45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.6560

Amount of Each Receipt this Period

225.00

Semi-monthly payroll dedu-
ction - \$225.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.40

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.6554

Amount of Each Receipt this Period

34.90

Semi-monthly payroll dedu-
ction - \$34.90

B.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.6548

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

74.90

TOTAL This Period (last page this line number only)

3212.24

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

PAGE 15 / 17

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Election campaign contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 06

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Election campaign contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Mellon Financial	Transaction ID: SB29.6376 Date of Disbursement
Mailing Address 500 Ross Street Room 1380	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 0</div> </div>
City Pittsburgh State PA Zip Code 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement PMA Credit that should have been made July 2009.	<div>-445.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mellon Financial	Transaction ID: SB29.6378 Date of Disbursement
Mailing Address 500 Ross Street Room 1380	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 0</div> </div>
City Pittsburgh State PA Zip Code 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Account Analysis Bank Fees - Correction for July 2009	<div>57.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mellon Financial	Transaction ID: SB29.6379 Date of Disbursement
Mailing Address 500 Ross Street Room 1380	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 1 0</div> </div>
City Pittsburgh State PA Zip Code 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Account Analysis Bank Fees - \$47.63	<div>47.63</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

-339.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Bank Fees - \$47.78

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.6502

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.78

B.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Bank Fees - \$47.33

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.6561

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.33

SUBTOTAL of Disbursements This Page (optional)

95.11

TOTAL This Period (last page this line number only)

-244.54