04/06/2010 08:12

Image# 10990428045

# FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For O	tner I nan An	Autnorize	ea Commi	ttee		Office Use	e Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAE PE OR PRINT		cample:If typi rer the lines	ng, type				
Ш	OmniCare, Inc. Politcal Action	on Comn	mittee							
Ш										
AD	DRESS (number and street)	1600	0 River Center II							
·	Check if different	100	East River Center	Blvd						
L	than previously reported. (ACC)	Covi	ington				LKY L	41	101	
2.	FEC IDENTIFICATION NUM	IBER	<b>v</b>	CITY 🛦			STATE	Ž	ZIPCODE	<b>A</b>
	C00392886		;	3. IS THIS REPOR	Т	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)	Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3		May 20 (M5)		Aug 20 (M8) Sep 20 (M9)	Y	lov 20 (M11) Non-Election 'ear Only) Dec 20 (M12)
	(a) Quarterly Reports:		H	Iviai 20 (IVIC	"	Juli 20 (IVIO)	H	3ep 20 (IVI9)	Y	Non-Election ( ear Only)
	X April 15	-1		Apr 20 (M4	.)	Jul 20 (M7)		Oct 20 (M10)	J	an 31 (YE)
	Quarterly Report(Q1) July 15	(c) 12-Day		Primary (12P)		General (12G) Runoff			Runoff (12R)	
	Quarterly Report(Q October 15 Quarterly Report(Q		<b>PRE</b> -Election Report for the		Convention	n (12C)	Spec	cial (12G)		
	January 31 Quarterly Report(Yl		E	Election on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d) 30-Day Post -Electi		General (3	0G)	Rund	off (30R)	s	Special (30S)
	Termination Report (TER)		•	Election on			• •		in the State of	
5.	Covering Period 0 1		01 201	)	through	03	3 1	2010		
	rtify that I have examined this Formula on Print Name of Treasurer	•	and to the best of n	ıy knowledge	and belief it	is true, correct	and comp	lete.		
ı yı	e of Fillit Name of Treasurer									
Sig	nature of Treasurer Electron	nically Fi	iled by Tom Ma	rsh			Date	04 05	2	010
NO	TE : Submission of false, error	neous, o	or incomplete inforr	nation may s	ubject the pe	rson signing th	is Report t	o the penalties	of 2 U.S.C	3437g.
	Office Use	<u> </u>						ı	FORM	

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 17

Write or Type Committee Name OmniCare, Inc. Politcal Action Committee

FEC Form 3X (Rev. 02/2003)

D " D 0 1 0 1 2010 0.3 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 32353.40 January 1 (b) Cash on Hand at 32353.40 Begining of Reporting Period ..... 6559.42 6559.42 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 38912.82 38912.82 6(a) and 6(c) for Column B) ..... 1755.46 1755.46 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 37157.36 37157.36 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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. Politcal Action Committee

Report Covering the Period:

From: 0 1

D D D

2010

To:

м м 0 3 <sup>D</sup> 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6559.42	6559.42
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(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
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6559.42	6559.42
Total Federal Receipts     (subtract Line 18(c) from Line 19)	6559.42	6559.42

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Shared Federal/Non-Federal		
(•	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(I	o) Other Federal Operating	0.00	0.00
,	Expenditures	0.00	0.00
((	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2 T	ransfers to Affiliated/Other Party	0.00	0.00
	committees	0.00	0.00
3. C	ontributions to		
a	ederal Candidates/Committeesnd Other Political Committees	2000.00	2000.00
	ndependent Expenditure	0.00	0.00
	use Schedule E)	0.00	0.00
). Ç	committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
(1	use scriedule r)		
6. L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
B. ⊢ (a	efunds of Contributions To:  a) Individuals/Persons Other		
(0	Than Political Committees	0.00	0.00
(k	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees		
	(such as PACs)	0.00	0.00
(0	Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. C	ther Disbursements	-244.54	-244.54
0. F	ederal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) III origin Chara	0.00	0.00
	(ii) "Levin" Share		3.00
	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
1.	Fotal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1755.46	1755.46
	2, 2, 1, 20, 20, 27, 20(0), 20 414 00(0))	1,155,15	
2.	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) 5 / 17

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
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6559.42	6559.42
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

# SCHEDULE A (FEC Form 3X)

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one)    X
	NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Com	he name and ad	dress of any political committee to	os solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV	/E State	Zip Code	Date of Receipt  0 3 1 5 2 0 1 0  Transaction ID: SA11Al.6526
	VILLA HILLS FEC ID number of contributing federal political committee.	C	41017	Amount of Each Receipt this Period 41.67
	Name of Employer OMNICARE, INC  Receipt For:  Primary General Other (specify) ▼		on DNTROLLER e Year-to-Date ▼ 208.35	Semi-monthly payroll deduction - \$41.67
В.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV	/E		Date of Receipt  0 3 3 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6555
	VILLA HILLS  FEC ID number of contributing federal political committee.	C	41017	Amount of Each Receipt this Period 41.67
	Name of Employer OMNICARE, INC  Receipt For:  Primary General  Other (specify) ▼		on ONTROLLER e Year-to-Date ▼ 250.02	Semi-monthly payroll deduction - \$41.67
_ C.	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CIF	RCLE		Date of Receipt  0 3 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6527
	BHAM FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00
	Name of Employer OMNICARE INC	Occupatio PHARMA		Semi-monthly payroll dedu- ction - \$42.00
	Receipt For:  Primary General  Other (specify) ▼	<del>-                                    </del>	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)			125.34

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/17   (check only one)     X   11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	ommittee		
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE			Date of Receipt
Mailing Address 1016 LOCKSLEY	CIRCLE		03 31 2010
City BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.6556  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00272	42.00
Name of Employer OMNICARE INC	Occupation PHARMA		Semi-monthly payroll deduction - \$42.00
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Paul Baldwin	<b>I</b>		Date of Receipt
Mailing Address 208 Old Mill Road			01 29 2010
City Roversford	State PA	Zip Code 19468	Transaction ID: SA11AI.6438
FEC ID number of contributing federal political committee.	C	19400	Amount of Each Receipt this Period  200.00
Name of Employer Omnicare, Inc	Occupation VP Public		Semi-monthly payroll dedu- ction - \$200.00
Receipt For:  Primary General  Other (specify) ▼	- <del>  '</del>	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			0 2 1 2 2 0 1 0
City Royersford	State PA	Zip Code 19468	Transaction ID: SA11AI.6489  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10700	200.00
Name of Employer Omnicare, Inc	Occupation VP Public		Semi-monthly payroll deduction - \$200.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option			442.00

	E A (FEC Form 3X RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 8/1/   (check only one)
Any information or for commerci	copied from such Reports an al purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF C	COMMITTEE (In Full) , Inc. Politcal Action Con			
Full Name (L Paul Baldwin	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ess 208 Old Mill Road			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.6500
Royersford		PA	19468	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		200.00
Name of Em Omnicare, Ir	ployer	Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 800.00	
Full Name (L Paul Baldwin	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ess 208 Old Mill Road			0 3 1 5 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.6530
Royersford		PA	19468	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		200.00
Name of Em Omnicare, Ir	ployer nc	Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
Receipt For:		Aggregate	e Year-to-Date ▼	
Primar Other	y General (specify) <b>▼</b>		1000.00	
Full Name (L Paul Baldwin	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ess 208 Old Mill Road			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.6559
Royersford		PA	19468	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		200.00
Name of Em Omnicare, Ir		Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
Receipt For:		Aggregate	e Year-to-Date ▼	
Primar Other	y General (specify) ▼		1200.00	
				600.00

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)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Com	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA  City CINCINNATI	NNE State OH	Zip Code 45243	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For:  Primary General Other (specify)	<del></del>	ADVISOR TO CEO Year-to-Date  255.00	Semi-monthly payroll deduction - \$85.00
Full Name (Last, First, Middle Initial)  TIMOTHY E BIEN  Mailing Address 6210 NUEVELLE LA  City  CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For:  Primary  General  Other (specify)	State OH C Occupation SPECIAL	Zip Code 45243  ADVISOR TO CEO Year-to-Date ▼ 340.00	Date of Receipt  M M C 26 26 2010  Transaction ID: SA11AI.6499  Amount of Each Receipt this Period  85.00  Semi-monthly payroll deduction - \$85.00
Full Name (Last, First, Middle Initial)  TIMOTHY E BIEN  Mailing Address 6210 NUEVELLE LA  City  CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For:  Primary  General  Other (specify)	State OH C Occupation SPECIAL	Zip Code 45243  ADVISOR TO CEO Year-to-Date  425.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)	)		255.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	nd Statements may not be sold or used by any pers the name and address of any political committee t mmittee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE L  City CINCINNATI FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code OH 45243  C Occupation	Date of Receipt    M M M
Name of Employer OMNICARE, INC  Receipt For:  Primary General Other (specify) ▼	SPECIAL ADVISOR TO CEO  Aggregate Year-to-Date ▼  510.00	ction - \$85.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER  City	CIRCLE State Zip Code	Date of Receipt  0 3 0 5 2 0 1 0  Transaction ID: SA11AI.6520
BUFORD  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General	GA 30519  C  Occupation PHARMACIST  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  50.00  Bi-weekly payroll deduction - \$50.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) HAL J HENDERSON  Mailing Address 2908 PERIMETER		Date of Receipt  0 3 1 9 2 0 1 0
City  BUFORD  FEC ID number of contributing federal political committee.	State Zip Code GA 30519	Amount of Each Receipt this Period  50.00
Name of Employer OMNICARE INC  Receipt For:  Primary General Other (specify) ▼	Occupation PHARMACIST  Aggregate Year-to-Date   300.00	Bi-weekly payroll deducti- on - \$50.00
SUBTOTAL of Receipts This Page (optional	l)	185.00

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comm	e name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR  City	State	Zip Code	Date of Receipt    M M
FLORENCE  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC	C	41042	Amount of Each Receipt this Period  60.00  Semi-monthly payroll deduction - \$60.00
OMNICARE' INC  Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FLORENCE	State KY	Zip Code 41042	Transaction ID: SA11AI.6528  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00 Semi-monthly payroll dedu-
Name of Employer OMNICARE INC  Receipt For:  Primary General  Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 300.00	ction - \$60.00
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN			Date of Receipt
Mailing Address 7190 HIGHPOINT DR	1		03 / 31 / 2010
City FLORENCE	State KY	Zip Code 41042	Transaction ID: SA11AI.6557  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer OMNICARE INC	Occupation	1	Semi-monthly payroll deduction - \$60.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	1		180.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Com	ne name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv City Cincinnati FEC ID number of contributing federal political committee.  Name of Employer Omnicare Inc.	State OH C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.6439
FEC ID number of contributing federal political committee.	C	40244	Amount of Each Receipt this Period  225.00  Semi-monthly payroll dedu-
Name of Employer Omnicare Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Executive Aggregate		ction - \$225.00
Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
Mailing Address 6358 Turpin Hills Dri	ve		02 12 2010
City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.6490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Omnicare Inc.	Occupation Executive	1	Semi-monthly payroll deduction - \$225.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00	
SUBTOTAL of Receipts This Page (optional)			675.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 17 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	nmittee		
<b>A</b> .	Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
	Mailing Address 6358 Turpin Hills Dr	ive		02 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.6501
	Cincinnati	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Omnicare Inc.	Occupatio Executive		Semi-monthly payroll deduction - \$225.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 900.00	
_ 3.	Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
	Mailing Address 6358 Turpin Hills Dr	ive		03 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.6531
	Cincinnati	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Omnicare Inc.	Occupatio Executive		Semi-monthly payroll deduction - \$225.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1125.00	
_ ;.	Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
	Mailing Address 6358 Turpin Hills Dr	ive		03 31 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.6560
	Cincinnati FEC ID number of contributing federal political committee.	C	45244	Amount of Each Receipt this Period  225.00
	Name of Employer Omnicare Inc.	Occupatio Executive		Semi-monthly payroll deduction - \$225.00
	Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	e Year-to-Date ▼ 1350.00	
	SUBTOTAL of Receipts This Page (optional	<u> </u>		675.00

A.

В.

PAGE 14/17 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 12 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) MARK G KOBASUK Date of Receipt Mailing Address 7393 PINEHURST DR 03 3 1 2010 City State Zip Code Transaction ID: SA11AI.6554 **CINCINN**ATI OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 34.90 C federal political committee. Semi-monthly payroll deduction - \$34.90 Name of Employer OMNICARE Occupation **GENERAL COUNSEL** Receipt For: Aggregate Year-to-Date General Primary 209.40 Other (specify) Full Name (Last, First, Middle Initial) Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 0 3 19 2010 City State Zip Code Transaction ID: SA11AI.6548 Southampton MA 01073 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Bi-weekly payroll deduction - \$40.00 Name of Employer Omnicare, Inc Occupation Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General

240.00

SUBTOTAL of Receipts This Page (optional)	<u> </u>	74.90
TOTAL This Period (last page this line number only)	<b>•</b>	3212.24

Other (specify)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: (check only one)					PAGE 15/17					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck only		22 28a		23 28b	24 28c		25 29		26 30b		
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name										S			
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee													
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS  Mailing Address PO BOX 3176				Date o					0 0 1 (	) <sup>Y</sup>			
City	State Zip Code NJ 07740			-	nt of		Disburse				od		
Purpose of Disbursement Election campaign contribution Candidate Name		Category/ Type						10	00.00	)			
	ment For: 2010 Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE				Date o			SB23 ment			Y			
Mailing Address 232 NE 9TH AVENUE				0 3		0		2	010	) ·			
	State Zip Code OR 97232			Amour	nt of	Each	Disburse	-		-	od		
Purpose of Disbursement Election campaign contribution								10	00.00	)			
Candidate Name		Category/ Type											
	nent For: 2010 Primary General Other (specify)												

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

State: OR

District: 00

# SCHEDULE B (FEC Form 3X)

	Use separate schedule(s	) (check on	= NUMBER: PAGE 16 / 1 / llv one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28 28a 28b 28c X 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n		d by any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
OmniCare, Inc. Politcal Action Commit	tee		
Full Name (Last, First, Middle Initial) Mellon Financial			Transaction ID: SB29.6376 Date of Disbursement
			0 1 1 3 2 0 1 0
Room 1380	7.0		
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Perio
Purpose of Disbursement PMA Credit that should have been made July 2	009.	•	-445.00
Candidate Name		Category/ Type	
Senate President	rrsement For:  Primary General  Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Mellon Financial			Transaction ID: SB29.6378 Date of Disbursement
Mailing Address 500 Ross Street Room 1380			$\begin{bmatrix} 0 & 1 & M & M & M & M & M & M & M & M & M$
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Perio
Purpose of Disbursement Account Analysis Bank Fees - Correction for Ju	ıly 2009		57.72
Candidate Name		Category/ Type	
Office Sought:  Senate  President  State:  Disbut	rrsement For:  Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial) Mellon Financial			Transaction ID: SB29.6379 Date of Disbursement
Mailing Address 500 Ross Street Room 1380			$\begin{bmatrix} 0 & 1 & M & 1 & D & D & 1 $
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Perio
Purpose of Disbursement Account Analysis Bank Fees - \$47.63			47.63
Candidate Name		Category/ Type	
Office Sought:  Senate President  State:  Disbut	rrsement For:  Primary General  Other (specify) ▼	'	
Ciato. Diotriot.			
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SCHEDULE B (FEC Form 3X)		INE NUMBER: PAGE 17 / 17
TEMIZED DISBURSEMENTS	ZED DISBURSEMENTS for each category of the	only one)
	Detailed Summary Page 21 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee		
Full Name (Last, First, Middle Initial) Mellon Financial		Transaction ID: SB29.6502 Date of Disbursement
Mailing Address 500 Ross Street Room 1380		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code PA 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Account Analysis Bank Fees - \$47.78		47.78
Candidate Name	Category/ Type	
	nent For: Primary General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Mellon Financial		Transaction ID: SB29.6561 Date of Disbursement
Mailing Address 500 Ross Street Room 1380		0 3 1 2 2 7 2 0 1 0
	State Zip Code PA 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Account Analysis Bank Fees - \$47.33		47.33
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	95.11
TOTAL This Period (last page this line number only)	•	-244.54

State: