Image# 13941314150 PAGE 1 / 74

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Us	se Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT 1		mple: If typir r the lines.	ig, type	12FE	4M5	
Omnicare, Inc. Political	Action Com	mittee					
ADDRESS (number and street)	900 Omnicare Ce	enter					
Check if different	201 E Fourth Stre	eet					
than previously reported. (ACC)	Cincinnati				ОН	45202	2
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		5	STATE A	,	ZIP CODE ▲
C C00392886		3. IS THIS REPORT		IEW N) OR	×	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	_ ı	May 20 (M5)		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		lun 20 (M6)		Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		lul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1 X July 15 Quarterly Report (Q2	(c) 12-Day PRE-E	lection	Primary (12P	_	1	neral (12G)	Runoff (12R)
October 15 Quarterly Report (Q3		for the:	Convention (12C)	Spe	ecial (12S)	
January 31 Year-End Report (YE		Election on	M M /	D D /	YIYI	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election for the:	General (300	i)	Rur	noff (30R)	Special (30S)
Termination Report (TER)	Пероп	Election on	M - M /	D D /	Y	Y	in the State of
5. Covering Period 04	/ D D /	2013	through	M M	30	D / Y Y 20	13
certify that I have examined this		ne best of my kno	wledge and b	pelief it is tru	e, corre	ct and comple	te.
Type or Print Name of Treasurer	Donna M Lecky						
Signature of Treasurer Donna	M Lecky		[Electronically	Filed] D	ate	08 / O1	2013
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the pers	son signing th	is Repor	t to the penalti	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X lev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Omnicare, Inc. Political Action Committee 2013 06 30 2013 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 53555.23 January 1, 2013 (b) Cash on Hand at 54686.03 Beginning of Reporting Period..... 34155.20 15524.40 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 70210.43 87710.43 6(a) and 6(c) for Column B)..... 13094.52 30594.52 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 57115.91 57115.91 (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 Schedule C and/or Schedule D)



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

I. Receipts	COLUMN B Calendar Year-to-Date		
ntributions (other than loans) From:			
Individuals/Persons Other			
Than Political Committees		40040.00	
(i) Itemized (use Schedule A)	10507.00	16613.00	
(ii) Unitemized	5017.40	17542.20	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	15524.40	34155.20	
Political Party Committees	0.00	0.00	
Other Political Committees	200		
(such as PACs)	0.00	0.00	
	15524 40	34155.20	
	10024.40	7 7 7	
	0.00	0.00	
ny communicación	0.00		
Loans Received	0.00	0.00	
on Renewments Received	0.00	0.00	
1 1	0.00	0.00	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
		7	
Federal Candidates and Other			
litical Committees	0.00	0.00	
ner Federal Receipts			
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
	0.00	2.22	
(IIOIII Scriedule II3)	0.00	0.00	
Levin Funds (from Schedule H5)	0.00	0.00	
25 4.165 (1.61.1 55.164616 1.16)			
Total Transfers (add 18(a) and 18(b))	0.00	0.00	
	Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

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 Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(k	o) Other Federal Operating	7 7 7 7			
	Expenditures	94.52	94.52		
(0	c) Total Operating Expenditures	94.52	94.52		
2. T	(add 21(a)(i), (a)(ii), and (b))▶ ransfers to Affiliated/Other Party	34.02	34.02		
C	Committees	0.00	0.00		
F	Contributions to ederal Candidates/Committees nd Other Political Committees	13000.00	30500.00		
	ndependent Expenditures	0.00	0.00		
5. C	use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
6. I	oan Repayments Made	0.00	0.00		
_					
7. L	oans Madelefunds of Contributions To:	0.00	0.00		
	a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	That I childar committees	7			
`	p) Political Party Committees	0.00	0.00		
(0	c) Other Political Committees (such as PACs)	0.00	0.00		
	,				
(0	d) Total Contribution Refunds	0.00	0.00		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9. C	Other Disbursements	0.00	0.00		
) F	ederal Election Activity (2 U.S.C. §431(20))				
	a) Allocated Federal Election Activity				
	(from Schedule H6)	200	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
(k	o) Federal Election Activity Paid Entirely				
1.	With Federal Funds c) Total Federal Election Activity (add	0.00	0.00		
(0	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
1. To	otal Disbursements (add Lines 21(c), 22,				
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	13094.52	30594.52		
2. T	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	1000150	00504.50		
fr	rom Line 31)	13094.52	30594.52		

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)	15524.40	34155.20
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15524.40	34155.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	94.52	94.52
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	94.52	94.52

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

OF

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for each category of the 12 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) Todd Anderson Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2013 24 City Zip Code State Transaction ID: SA11AI.12155 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 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) B. Todd Anderson Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 07 2013 City State Zip Code Transaction ID: SA11AI.12363 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 Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd Anderson Date of Receipt Mailing Address 201 E Fourth Street 06 21 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.12260 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 04 2013 City State Zip Code Transaction ID: SA11AI.11845 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 04 26 2013 City State Zip Code Transaction ID: SA11AI.11949 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 05 10 2013 City State Zip Code Transaction ID: SA11AI.12053 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 2013 24 City State Zip Code Transaction ID: SA11AI.12156 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 06 07 2013 City State Zip Code Transaction ID: SA11AI.12364 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 06 21 2013 City State Zip Code Transaction ID: SA11AI.12261 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 04 2013 City State Zip Code Transaction ID: SA11AI.11847 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 190.00 federal political committee. Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1530.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 04 26 2013 City State Zip Code Transaction ID: SA11AI.11951 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 190.00 federal political committee. Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 05 10 2013 City State Zip Code Transaction ID: SA11AI.12055 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 190.00 С federal political committee. Name of Employer Occupation **VP Public Affairs** Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1910.00 Other (specify) 570.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAGE 10 OF	74					
Use separate schedule(s) for each category of the	(check only one)						
Detailed Summary Page	X 11a 11b 11c 12						

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road		Date of Receipt
City	State 7:- C-1-	05 24 2013
City Royersford	State Zip Code PA 19468	Transaction ID : SA11AI.12158
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc	Occupation VP Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road		Date of Receipt
		06 07 2013
City	State Zip Code	Transaction ID : SA11AI.12366
Royersford	PA 19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	190.00
Name of Employer Omnicare, Inc	Occupation VP Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2290.00	
Full Name (Last, First, Middle Initial) C. Paul Baldwin	<u>'</u>	Date of Receipt
Mailing Address 208 Old Mill Road		06 21 2013
City Royersford	State Zip Code PA 19468	Transaction ID : SA11AI.12263
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	-
Omnicare, Inc	VP Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2480.00	
SUBTOTAL of Receipts This Page (optional)		570.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 11 OF 74 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 2013 City Zip Code State Transaction ID: SA11AI.11848 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 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. Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 26 2013 City State Zip Code Transaction ID: SA11AI.11952 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 05 10 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.12056 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) Darold R. Barnes 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 Service Area Director Aggregate Year-to-Date ▼ 360.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Darold R. Barnes 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 Service Area Director Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / 2013 Transaction ID: SA11AI.12367 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Darold R. Barnes 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 Service Area Director Aggregate Year-to-Date ▼ 440.00	Date of Receipt 06 21 2013 Transaction ID : SA11AI.12264 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional).	>	120.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE	NUMBER:	: PAGE	E 13 O	F	7
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for each category of the Detailed Summary Page	X 11a	11b	11c	12		
zotanou cummury r ago	13	14	15	16		ŀ

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) Alan Bell Date of Receipt Mailing Address 10776 221st Lane ΝE 2013 24 City State Zip Code Transaction ID: SA11AI.12160 WA 98053 Redmond Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Senior Director - Clinical Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alan Bell Date of Receipt Mailing Address 10776 221st Lane NE 06 07 2013 City State Zip Code Transaction ID: SA11AI.12368 Redmond WA 98053 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director - Clinical Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Bell Date of Receipt Mailing Address 10776 221st Lane 06 21 2013 ΝE Zip Code City State Transaction ID: SA11AI.12265 WA Redmond 98053 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Senior Director - Clinical Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 14 OF 74 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial) Barry Bress Mailing Address 3105 Story Book Ct. City Elliot City FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code MD 21042 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 05 24 2013 Transaction ID: SA11AI.12163 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Barry Bress Mailing Address 3105 Story Book Ct. City Elliot City FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code MD 21042 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 06 07 2013 Transaction ID : SA11AI.12371 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Barry Bress Mailing Address 3105 Story Book Ct. City Elliot City FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code MD 21042 C Occupation Pharmacist Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.12268 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)	

	FOF	R LINE	NU	MBER	:	PAGE		15 OF	=	74
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
cannon, rage		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 04 2013 City State Zip Code Transaction ID: SA11AI.11853 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation **RSA Director** Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 04 26 2013 City State Zip Code Transaction ID: SA11AI.11957 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **RSA Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 05 10 2013 Zip Code City State Transaction ID: SA11AI.12061 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **RSA Director** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00

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

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

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

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 2013 24 City State Zip Code Transaction ID: SA11AI.12164 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation **RSA Director** Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 06 07 2013 City State Zip Code Transaction ID: SA11AI.12372 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **RSA Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 06 21 2013 City State Zip Code Transaction ID: SA11AI.12269 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **RSA Director** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	1	17 O	F	74
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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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) A. Randall Carpenter Mailing Address 201 E Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	04 12 2013 Transaction ID : SA11AI.11856
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 CIO Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address 201 E Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 04 26 2013
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Transaction ID : SA11AI.11960 Amount of Each Receipt this Period 100.00
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation CIO Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address 201 E Fourth Street 900 Omnicare Center		Date of Receipt 05 10 2013
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.12064 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 □ Other (specify) ▼	Occupation CIO Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 18 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2013 24 City Zip Code State Transaction ID: SA11AI.12167 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation CIO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 07 2013 City State Zip Code Transaction ID: SA11AI.12375 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 06 21 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.12272 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation CIO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	nd Statements may not be sold or used by any personal the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	on Committee	
Full Name (Last, First, Middle Initial) Mark P Celebre Mailing Address 3800 - 5th Place		Date of Receipt
City	State 7in Code	06 07 2013
City Kenosha	State Zip Code WI 53144	Transaction ID : SA11AI.12377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Mark P Celebre Mailing Address 3800 - 5th Place	-	Date of Receipt
Piace Sout - Still Place		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.12274
Kenosha FEC ID number of contributing federal political committee.	WI 53144	Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Jeremy Colvin		Date of Receipt
Mailing Address 8514 Watterson Trail		Date of Receipt M = M / D = D / Y = Y = Y = Y
City Louisville	State Zip Code KY 40299	Transaction ID : SA11AI.12170 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 ▼ 220.00	
SUBTOTAL of Receipts This Page (optional))	60.00
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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. Political Action Committee Full Name (Last, First, Middle Initial) Jeremy Colvin Date of Receipt Mailing Address 8514 Watterson Trail 07 2013 City State Zip Code Transaction ID: SA11AI.12378 KY Louisville 40299 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Colvin Date of Receipt Mailing Address 8514 Watterson Trail 06 21 2013 City State Zip Code Transaction ID: SA11AI.12275 KY Louisville 40299 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. William S Douglas Date of Receipt Mailing Address 201 E Fourth Street 04 12 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.11862 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 21 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) William S Douglas Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 2013 26 City Zip Code State Transaction ID: SA11AI.11966 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. William S Douglas Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 10 2013 City State Zip Code Transaction ID: SA11AI.12070 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. William S Douglas Date of Receipt Mailing Address 201 E Fourth Street 05 24 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.12173 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) William S Douglas Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 07 2013 City Zip Code State Transaction ID: SA11AI.12381 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. William S Douglas Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 21 2013 City State Zip Code Transaction ID: SA11AI.12278 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 04 12 2013 City State Zip Code Transaction ID: SA11AI.11863 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 04 2013 26 City Zip Code State Transaction ID: SA11AI.11967 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 05 10 2013 City State Zip Code Transaction ID: SA11AI.12071 **CINCINNATI** OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 05 24 2013 City State Zip Code Transaction ID: SA11AI.12174 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify)

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	Statements may not be sold or used by any perse 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. ROBERT DRIES Mailing Address 8018 MEADOWCREEK DRIV	/E	Date of Receipt 06 07 2013
City CINCINNATI FEC ID number of contributing	State Zip Code OH 45244	Transaction ID : SA11AI.12382 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	100.00
OMNICARE, INC Receipt For: Primary General Other (specify) ▼	VP OF OPERATIONS FINANCE Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) ROBERT DRIES Mailing Address 8018 MEADOWCREEK DRIV	/E	Date of Receipt 06 21 2013
City CINCINNATI	State Zip Code OH 45244	Transaction ID : SA11AI.12279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer OMNICARE, INC	Occupation VP OF OPERATIONS FINANCE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Brian Egan		Date of Receipt
Mailing Address 9945 SE GIA CT.	7. 0. 1	05 24 2013
City Portland	State Zip Code OR 97086	Transaction ID : SA11AI.12175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)	•	220.00
TOTAL This Period (last page this line number	only)	

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Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11 13 14 15	c 12							

	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	n Committee	
Full Name (Last, First, Middle Initial) A. Brian Egan Mailing Address 9945 SE GIA CT.		Date of Receipt
City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date ▼ 240.00	Transaction ID : SA11AI.12383 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date ▼ 260.00	Date of Receipt Mo6 21 2013 Transaction ID: SA11AI.12280 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) W G Erwin 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 SVP, Clinical Services Aggregate Year-to-Date ▼ 800.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional).	•	140.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial) W G Erwin Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OH 45202 C	Date of Receipt 04 26 2013 Transaction ID : SA11AI.11969 Amount of Each Receipt this Period
Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	SVP, Clinical Services Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) W G Erwin Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing	State Zip Code OH 45202	Date of Receipt Mark
Receipt For: Primary Other (specify) ▼	Occupation SVP, Clinical Services Aggregate Year-to-Date ▼ 1000.00	100.00
Full Name (Last, First, Middle Initial) W G Erwin 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 SVP, Clinical Services Aggregate Year-to-Date ▼ 1100.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	·····	300.00
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Co	mmittee	
Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) ▼ Other (specify) ▼	State Zip Code OH 45202 C Decupation VP, Clinical Services Aggregate Year-to-Date 1200.00	Date of Receipt 06 07 2013 Transaction ID: SA11AI.12384 Amount of Each Receipt this Period 100.00
Name of Employer Omnicare, Inc. S Receipt For:	State Zip Code OH 45202 C C Cccupation VP, Clinical Services Aggregate Year-to-Date 1300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OMNICARE INC Possint For:	State Zip Code OH 43221 C Decupation HARMACIST Aggregate Year-to-Date ▼ 320.00	Date of Receipt M M
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or for commercial purposes, other than using t	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) MELINDA FERRIS Mailing Address 2036 BERKSHIRE RD		Date of Receipt
City COLUMBUS FEC ID number of contributing	State Zip Code OH 43221	Transaction ID : SA11AI.11971 Amount of Each Receipt this Period
federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST Aggregate Year-to-Date ▼ 360.00	40.00
Full Name (Last, First, Middle Initial) MELINDA FERRIS Mailing Address 2036 BERKSHIRE RD		Date of Receipt 05 10 2013
City COLUMBUS FEC ID number of contributing federal political committee.	State Zip Code OH 43221	Transaction ID : SA11AI.12075 Amount of Each Receipt this Period 40.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MELINDA FERRIS Mailing Address 2036 BERKSHIRE RD City COLUMBUS FEC ID number of contributing	State Zip Code OH 43221	Date of Receipt M
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST Aggregate Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)		120.00
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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial) MELINDA FERRIS Mailing Address 2036 BERKSHIRE RD		Date of Receipt
City	State Zip Code	06 07 2013
COLUMBUS	OH 43221	Transaction ID : SA11AI.12386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer OMNICARE INC	Occupation PHARMACIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) MELINDA FERRIS Mailing Address 2036 BERKSHIRE RD		Date of Receipt
		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.12283
COLUMBUS	OH 43221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer OMNICARE INC	Occupation PHARMACIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) C. James G Flood		Date of Receipt
Mailing Address 201 E Fourth Street 900 Omnicare Center		04
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.11868
FEC ID number of contributing federal political committee.	C 45202	Amount of Each Receipt this Period
Name of Employer	Occupation	
Omnicare, Inc.	VP, Government Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	960.00	
SUBTOTAL of Receipts This Page (optional)		272.00
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	Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E Fourth Street		Date of Receipt
900 Omnicare Center	State 7in Code	04 26 2013
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.11972
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc.	Occupation VP, Government Affairs	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1152.00	
Full Name (Last, First, Middle Initial) 3. James G Flood Mailing Address 201 E Fourth Street		Date of Receipt
900 Omnicare Center		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.12076
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	192.00
Name of Employer Omnicare, Inc.	Occupation VP, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	
Full Name (Last, First, Middle Initial) 2. James G Flood	1	Date of Receipt
Mailing Address 201 E Fourth Street 900 Omnicare Center		05 24 2013
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.12179
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	-
Omnicare, Inc.	VP, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	1536.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	576.00
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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. Political Action Committee Full Name (Last, First, Middle Initial) James G Flood Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 07 2013 City Zip Code State Transaction ID: SA11AI.12387 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 192.00 federal political committee. Name of Employer Occupation VP, Government Affairs Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1728.00 Other (specify) Full Name (Last, First, Middle Initial) B. James G Flood Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 21 2013 City State Zip Code Transaction ID: SA11AI.12284 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 192.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1920.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 05 24 2013 City State Zip Code Transaction ID: SA11AI.12180 LA Shreveport 71115 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee.

220.00

Occupation Pharmacist

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

General

Omnicare, Inc. Receipt For:

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 07 2013 City State Zip Code Transaction ID: SA11AI.12388 Shreveport LA 71115 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation **Pharmacist** Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 06 21 2013 City State Zip Code Transaction ID: SA11AI.12285 LA Shreveport 71115 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven D Gates Date of Receipt Mailing Address 201 E Fourth Street 06 07 2013 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.12390 OH Cincinnati 45202 Amount of Each Receipt this Period

Other (specify) ▼	220.00									
SUBTOTAL of Receipts This Page (optional)			Ξ	7	Ξ	Ξ	7	_	60.00	
TOTAL This Period (last page this line number only)				7	Ξ	Ξ	7	Ξ		

C

Occupation
Division CFO

Aggregate Year-to-Date ▼

20.00

FEC ID number of contributing

General

federal political committee.

Name of Employer

Primary

Omnicare, Inc. Receipt For:

FOR LINE NUMBER: PAGE 33 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Steven D Gates Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2013 21 City Zip Code State Transaction ID: SA11AI.12287 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Division CFO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** IVAN B GORDON Date of Receipt Mailing Address 2158 VINE DRIVE 06 07 2013 City State Zip Code Transaction ID: SA11AI.12393 **MERRICK** NY 11566 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. IVAN B GORDON Date of Receipt Mailing Address 2158 VINE DRIVE 06 21 2013 City Zip Code State Transaction ID: SA11AI.12290 NY **MERRICK** 11566 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMACIST OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAGE 34 OF	74
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Detailed Summary Page	X 11a 11b 11c 12	
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) Terry Harris		Date of Receipt
Mailing Address 5649 Autumn Chase Circle		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.11876
Sanford	FL 32773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director - Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	320.00	
Full Name (Last, First, Middle Initial) Terry Harris		Date of Receipt
Mailing Address 5649 Autumn Chase Circle		04 26 2013
City	State Zip Code	04 26 2013 Transaction ID : \$A11A1 11980
Sanford	FL 32773	Transaction ID : SA11AI.11980 Amount of Each Receipt this Period
		Amount of Each Hecelpt tills Fellou
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Omnicare, Inc.	Sr. Director - Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) C. Terry Harris		Date of Receipt
Mailing Address 5649 Autumn Chase Circle		05 10 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.12084
Sanford	FL 32773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director - Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).	_	120.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 35 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 2013 24 City State Zip Code Transaction ID: SA11AI.12187 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director - Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 06 07 2013 City State Zip Code Transaction ID: SA11AI.12395 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director - Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 06 21 2013 City State Zip Code Transaction ID: SA11AI.12292 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director - Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 36 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 04 2013 City Zip Code State Transaction ID: SA11AI.11877 GΑ **BUFORD** 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 04 26 2013 City State Zip Code Transaction ID: SA11AI.11981 **BUFORD** GA 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 05 10 2013 City Zip Code State Transaction ID: SA11AI.12085 GA **BUFORD** 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **PHARMACIST OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 2013 24 City State Zip Code Transaction ID: SA11AI.12188 GΑ **BUFORD** 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 06 07 2013 City State Zip Code Transaction ID: SA11AI.12396 **BUFORD** GΑ 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 06 21 2013 City State Zip Code Transaction ID: SA11AI.12293 GA **BUFORD** 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General

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600.00

Other (specify)

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS 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) Klaus A Hieber Date of Receipt Mailing Address 914 Ascot Dr. 2013 21 City Zip Code State Transaction ID: SA11AI.12294 OH Maineville 45039 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Pharmacist/President Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 04 12 2013 City State Zip Code Transaction ID: SA11AI.11879 Palm Harbor FL 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. DCO Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 26 04 2013 Zip Code City State Transaction ID: SA11AI.11983 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation DCO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 39 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 2013 City State Zip Code Transaction ID: SA11AI.12087 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation DCO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 05 24 2013 City State Zip Code Transaction ID: SA11AI.12190 Palm Harbor FL 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. DCO Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 06 07 2013 City State Zip Code Transaction ID: SA11AI.12398 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation DCO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 40 OF 74 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 2013 21 City State Zip Code Transaction ID: SA11AI.12295 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation DCO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan J Klem Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 21 2013 City State Zip Code Transaction ID: SA11AI.12301 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Cincinnati Sr. Director, Clinical Service Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 04 12 2013 City Zip Code State Transaction ID: SA11AI.11887 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation CFO Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Act	ion Committee	
Full Name (Last, First, Middle Initial) Robert Kraft Mailing Address 233 Burns Ave		Date of Receipt
City	State Zip Code	04 26 2013 Transaction ID : \$A11 A1 11001
Cincinnati	OH 45215	Transaction ID : SA11AI.11991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Omnicare	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Robert Kraft Mailing Address 233 Burns Ave	·	Date of Receipt
Walling Addices 233 Burns Ave		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.12095
Cincinnati	OH 45215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Omnicare	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)	ı	Date of Receipt
Mailing Address 233 Burns Ave		05 24 2013
City Cincinnati	State Zip Code OH 45215	Transaction ID : SA11AI.12198
FEC ID number of contributing federal political committee.	C 45215	Amount of Each Receipt this Period
Name of Employer	Occupation	
Omnicare	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
TOTAL This Period (last page this line nur	mber only)	

FOR LINE NUMBER: PAGE 42 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 07 2013 City Zip Code State Transaction ID: SA11AI.12406 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 06 21 2013 City State Zip Code Transaction ID: SA11AI.12303 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 04 12 2013 City State Zip Code Transaction ID: SA11AI.11891 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAGE 4	13 OF 74
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
	13 14 15	16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 04 2013 26 City State Zip Code Transaction ID: SA11AI.11995 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 05 10 2013 City State Zip Code Transaction ID: SA11AI.12099 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc Treasurer Receipt For: Aggregate Year-to-Date ▼

Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 05 24 2013 City State Zip Code Transaction ID: SA11AI.12202 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

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

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

120.00

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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. Political Action Committee Full Name (Last, First, Middle Initial) Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 07 2013 City State Zip Code Transaction ID: SA11AI.12410 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 06 21 2013 City Zip Code State Transaction ID: SA11AI.12307 Cincinnati OH 45243 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial)

Michael List		Date of Receipt
Mailing Address 10406 Caneel Ct.		05 24 2013 _
City	State Zip Code	Transaction ID : SA11AI.12204
Huntersville	NC 28028	Amount of Each Receipt this Period
FEC ID number of contributing ederal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare Inc.	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	

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C.

FOR LINE NUMBER: PAGE 45 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Michael List Date of Receipt Mailing Address 10406 Caneel Ct. 07 2013 City State Zip Code Transaction ID: SA11AI.12412 NC Huntersville 28028 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare Inc. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael List Date of Receipt Mailing Address 10406 Caneel Ct. 06 21 2013 City State Zip Code Transaction ID: SA11AI.12309 NC Huntersville 28028 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) C. John Lockard Date of Receipt Mailing Address 201 E Fourth Street 05 24 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.12205 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. GM Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Omnicare, Inc.

Receipt For:

Primary

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE	NUMBER	: PAGI	E 46 OF	=
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Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) John Lockard Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 07 2013 City State Zip Code Transaction ID: SA11AI.12413 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation GM Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lockard Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 21 2013 City Zip Code State Transaction ID: SA11AI.12310 OH 45202 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation

Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Nancy L. Losben Mailing Address 2751 Chapel Avenue		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 Cherry Hill	State Zip Code NJ 08002	Transaction ID : SA11AI.12414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20
Name of Employer	Occupation	
NeighborCare	Senior Vice-President - Clinical Srvcs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Aggregate Year-to-Date ▼

GM

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

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

20.00

60.00

FOR LINE NUMBER: PAGE 47 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Nancy L. Losben Date of Receipt Mailing Address 2751 Chapel Avenue 2013 21 City State Zip Code Transaction ID: SA11AI.12311 08002 Cherry Hill NJ Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Senior Vice-President - Clinical Srvcs NeighborCare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 05 24 2013 City State Zip Code Transaction ID: SA11AI.12219 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 05 31 2013 City State Zip Code Transaction ID: SA11AI.12257 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 07 2013 City State Zip Code Transaction ID: SA11AI.12427 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 06 14 2013 City State Zip Code Transaction ID: SA11AI.12258 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 06 21 2013 City State Zip Code Transaction ID: SA11AI.12324 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

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FOR LINE NUMBER: PAGE 49 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 2013 City Zip Code State Transaction ID: SA11AI.12361 Saugus MA 01906 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Amy Roberts Date of Receipt Mailing Address 3418 Cardiff Ave. 05 24 2013 City State Zip Code Transaction ID: SA11AI.12221 OH Cincinnati 45209 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Roberts Date of Receipt Mailing Address 3418 Cardiff Ave. 06 07 2013 City State Zip Code Transaction ID: SA11AI.12429 OH Cincinnati 45209 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Sr. Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and 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) Amy Roberts Date of Receipt Mailing Address 3418 Cardiff Ave. 2013 21 City Zip Code State Transaction ID: SA11AI.12326 OH Cincinnati 45209 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Sr. Sales Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 12 2013 City State Zip Code Transaction ID: SA11AI.11912 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 26 04 2013 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.12016 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 51 OF 74 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2013 City Zip Code State Transaction ID: SA11AI.12119 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 24 2013 City State Zip Code Transaction ID: SA11AI.12222 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 06 07 2013 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.12430 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 52 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2013 21 City Zip Code State Transaction ID: SA11AI.12327 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 04 12 2013 City State Zip Code Transaction ID: SA11AI.11913 OH Toledo 43606 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 26 04 2013 City Zip Code State Transaction ID: SA11AI.12017 OH Toledo 43606 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Pharmacist Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action (Committee	
Full Name (Last, First, Middle Initial) Rolf Schrader Mailing Address 4140 North Moor Rd		Date of Receipt
City	State Zip Code	05 10 2013 Transaction ID : SA11AI.12120
Toledo FEC ID number of contributing federal political committee.	OH 43606	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	Occupation Pharmacist Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Rolf Schrader Mailing Address 4140 North Moor Rd		Date of Receipt
City Toledo FEC ID number of contributing	State Zip Code OH 43606	05 24 2013 Transaction ID : SA11AI.12223 Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Rolf Schrader		Date of Receipt
Mailing Address 4140 North Moor Rd City Toledo FEC ID number of contributing federal political committee.	State Zip Code OH 43606	7 2013 Transaction ID: SA11AI.12431 Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼ 480.00	
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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. Political Action Committee Full Name (Last, First, Middle Initial) Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 2013 21 City State Zip Code Transaction ID: SA11AI.12328 OH Toledo 43606 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Pharmacist Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. MARK J SCHRODER Date of Receipt Mailing Address 30 Sentinel Drive 06 07 2013 City State Zip Code Transaction ID: SA11AI.12432 **WILDER** KY 41076 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE PHARMASIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. MARK J SCHRODER Date of Receipt Mailing Address 30 Sentinel Drive 06 21 2013 City State Zip Code Transaction ID: SA11AI.12329 KY WILDER 41076 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMASIST OMNICARE** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 2013 24 City State Zip Code Transaction ID: SA11AI.12228 OH Hamilton 45011 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation SVP/GM Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 06 07 2013 City Zip Code State Transaction ID: SA11AI.12436 Hamilton OH 45011 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation

Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	SVP/GM Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Thomas Stieritz Mailing Address 3436 Lake Vista Ct.		Date of Receipt 06 21 2013
City Hamilton FEC ID number of contributing federal political committee.	State Zip Code OH 45011	Transaction ID : SA11AI.12333 Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation SVP/GM Aggregate Year-to-Date ▼ 260.00	

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ITEMIZED RECEIPTS 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) **ROBIN TAYLOR** Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 2013 24 City Zip Code State Transaction ID: SA11AI.12231 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 06 07 2013 City State Zip Code Transaction ID: SA11AI.12439 **INDIANAPOLIS** IN 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 06 21 2013 Zip Code State Transaction ID: SA11AI.12336 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE INC Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS 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 2013 21 City Zip Code State Transaction ID: SA11AI.12338 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation GM Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 05 24 2013 City State Zip Code Transaction ID: SA11AI.12234 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare VP of Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 06 07 2013 City Zip Code State Transaction ID: SA11AI.12442 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Customer Facing Technology Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify)

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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) Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 2013 21 City State Zip Code Transaction ID: SA11AI.12339 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare VP of Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 04 12 2013 City State Zip Code Transaction ID: SA11AI.11926 PA Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 26 04 2013 City State Zip Code Transaction ID: SA11AI.12030 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 2013 City State Zip Code Transaction ID: SA11AI.12133 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Trite Date of Receipt Mailing Address 6512 Windm

Walling Address 6512 Windmere Rd		05 24 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.12236
Harrisburg	PA 17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare	Occupation Pharmacist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Thomas Trite		Date of Receipt
Mailing Address 6512 Windmere Rd		06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Harrisburg	State Zip Code PA 17111	Transaction ID : SA11AI.12444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
Omnicare	Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
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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. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 2013 21 City State Zip Code Transaction ID: SA11AI.12341 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 04 26 2013 City State Zip Code Transaction ID: SA11AI.12032 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 05 10 2013 City Zip Code State Transaction ID: SA11AI.12135 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 90.00

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ITEMIZED RECEIPTS 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) THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 2013 24 City Zip Code State Transaction ID: SA11AI.12238 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 06 07 2013 City State Zip Code Transaction ID: SA11AI.12446 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 06 21 2013 City Zip Code State Transaction ID: SA11AI.12343 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 10 Harvest Dr. City Barto FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 19504 C Occupation VP, Access Solutions Aggregate Year-to-Date ▼ 220.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 10 Harvest Dr. City Barto FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 19504 C Occupation VP, Access Solutions Aggregate Year-to-Date ▼	Date of Receipt 06 07 2013 Transaction ID : SA11AI.12450 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 10 Harvest Dr. City Barto FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 19504 C Occupation VP, Access Solutions Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.12347 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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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) **David West** Date of Receipt Mailing Address 80 Camelot Ridge Dr. 2013 24 City State Zip Code Transaction ID: SA11AI.12245 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. David West Date of Receipt Mailing Address 80 Camelot Ridge Dr. 06 07 2013 City State Zip Code Transaction ID: SA11AI.12453 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. David West Date of Receipt Mailing Address 80 Camelot Ridge Dr. 06 21 2013 Zip Code City State Transaction ID: SA11AI.12350 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify)

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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		Date of Receipt
900 Omnicare Center		05 24 2013
City	State Zip Code OH 45202	Transaction ID : SA11AI.12250
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) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. Janine Wolfram	1	Date of Receipt
Mailing Address 201 E Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State Zin Code	06 07 2013
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.12458
		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) ▼	240.00	
Full Name (Last, First, Middle Initial) 2. Janine Wolfram		Date of Receipt
Mailing Address 201 E Fourth Street 900 Omnicare Center		06 21 2013
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.12355 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	0.0	
Other (specify) ▼	260.00	
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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. Political Action Committee Full Name (Last, First, Middle Initial) MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 2013 24 City State Zip Code Transaction ID: SA11AI.12251 UT **RIVERTON** 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 06 07 2013 City State Zip Code Transaction ID: SA11AI.12459 **RIVERTON** UT 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 06 21 2013 City Zip Code State Transaction ID: SA11AI.12356 UT RIVERTON 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE INC Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify)

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code KY 41011 C Occupation CEO Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.11942 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee.	State Zip Code KY 41011	Date of Receipt 04 26 2013 Transaction ID: SA11AI.12046 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code KY 41011 C Occupation CEO Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	>	375.00
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Any information copied from such Reports and or for commercial purposes, other than using	I Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd.		Date of Receipt
City	State Zip Code KY 41011	05 24 2013 Transaction ID : SA11AI.12252
Covington FEC ID number of contributing federal political committee.	C 41011	Amount of Each Receipt this Period 125.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation CEO Aggregate Year-to-Date ▼	-
Other (specify) ▼ Full Name (Last, First, Middle Initial)	1375.00	
3. John Workman Mailing Address 100 E RiverCenter Blvd.		Date of Receipt 06 07 2013
City Covington	State Zip Code KY 41011	Transaction ID : SA11AI.12460 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Omnicare, Inc.	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) C. John Workman		Date of Receipt
Mailing Address 100 E RiverCenter Blvd.		06 21 2013
City Covington	State Zip Code KY 41011	Transaction ID : SA11AI.12357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Omnicare, Inc.	Occupation CEO	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
SUBTOTAL of Receipts This Page (optional).		375.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 68 OF 74 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Jennifer Yowler Date of Receipt Mailing Address 6193 Terrey Pines Ct. 2013 24 City State Zip Code Transaction ID: SA11AI.12253 OH Mason 45040 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Divisional CFO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Yowler Date of Receipt Mailing Address 6193 Terrey Pines Ct. 06 07 2013 City State Zip Code Transaction ID: SA11AI.12461 OH Mason 45040 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **Divisional CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Yowler Date of Receipt Mailing Address 6193 Terrey Pines Ct. 06 21 2013 City State Zip Code Transaction ID: SA11AI.12358 OH Mason 45040 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **Divisional CFO** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 04 2013 City Zip Code State Transaction ID: SA11AI.11945 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 04 26 2013 City State Zip Code Transaction ID: SA11AI.12049 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 05 10 2013 City Zip Code State Transaction ID: SA11AI.12152 MI Orchard Lake 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Chief Clinical Officer

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Aggregate Year-to-Date ▼

Omnicare, Inc. Receipt For:

Primary

Other (specify)

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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	on Committee	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 4551 Old Orchard Trail		Date of Receipt
City	Chata 7:- On the	05 24 2013
City Orchard Lake	State Zip Code MI 48324	Transaction ID : SA11AI.12255
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc.	Occupation Chief Clinical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 4551 Old Orchard Trail	·	Date of Receipt
City	State Zin Code	06 07 2013
City Orchard Lake	State Zip Code MI 48324	Transaction ID : SA11AI.12463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc.	Occupation Chief Clinical Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz	1	Date of Receipt
Mailing Address 4551 Old Orchard Trail		M = M / D = D / Y = Y = Y = Y = Y = 06 21 2013
City Orchard Lake	State Zip Code MI 48324	Transaction ID : SA11AI.12360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Omnicare, Inc.	Chief Clinical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	l)	120.00
	·	10507.00
TOTAL This Period (last page this line num	ber only)	10507.00

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	71 0	F 74		
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		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	30		
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or for commercial purposes, other than using the name	ne and add	ress of any polition	cal committee to	solicit co	ntributions	rrom such	committe	ee.		
NAME OF COMMITTEE (In Full)	m m :44 = =									
Omnicare, Inc. Political Action Cor	nmittee									
Full Name (Last, First, Middle Initial)		—		.		,				
A. BOB GOODLATTE FOR CONGRE	SS CO	MMITTEE			Disburser					
Mailing Address P.O. BOX 292				05	14		2013	Y		
,	State	Zip Code		Trans	action ID	: SB23.1247	78			
ROANOKE	VA	24002		ITAIIS	action ib	. 3023.124	10			
Purpose of Disbursement			011	Amoun	t of Each I	Disburseme	nt this P	eriod		
Candidate Name				7		2100011001110		00		
BOB GOODLATTE FOR CONGRESS	S COMM	IITTEE	Category/ Type			7	1000.	00		
Office Sought: House Disburser	nent For:									
Senate	Primary	General								
State: District:	Other (spe	city) 🔻								
Full Name (Last, First, Middle Initial)										
BUDDY CARTER FOR CONGRES	SS			Date of	Disburser	ment				
	CARTER FOR CONCRESS			M = M	/ D	D / Y	Y	Υ		
Mailing Address 200 E ST JULIAN ST SUITE 603				06	24	1	2013			
•	State	Zip Code		Trans	action ID	: SB23.124	86			
SAVANNAH Purpose of Disbursement	GA	31401								
			011	Amoun	t of Each I	Disburseme	nt this P	eriod		
Candidate Name			Category/				1005	00		
BUDDY CARTER FOR CONGRES			Type		-		1000.	.00		
Office Sought: House Disbursen										
	Primary	General								
President State: District:	Other (spe	спу) 🔻								
Full Name (Last, First, Middle Initial)										
Candidate DELBENE FOR CONGI	RESS			Date of	Disburser	ment				
				M = M	/ D		Y Y	Υ		
Mailing Address PO BOX 487				05	14	ч 🗀	2013			
City	State	Zip Code		T		0000 404	•••			
BOTHELL	WA	98041		irans	action ID	: SB23.124	oδ			
Purpose of Disbursement			011							
Candidate Name			011	Amoun	t of Each I	Disburseme	nt this P	eriod		
Candidate DELBENE FOR CONG	RESS		Category/ Type				1000.	00		
Office Sought: House Disburser			.,,,,		,	,		_		
Senate	Primary	General								
President	Other (spe	cify) 🔻								
State: WA District: 01										
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NAME OF COMMITTEE (In Full)		, pointo			, , , , , , , , ,	54011		
Omnicare, Inc. Political Action Con	nmittee							
Full Name (Last, First, Middle Initial)								
FRIENDS OF JOHN BARROW			Date of	Disburse		Y	Υ	
Mailing Address PO Box 8166				05	14		2013	
,		ip Code		Trons	action In	: SB23.1246		
	GA 3	31412		irans	JULIUN ID	. 5023.124(
Purpose of Disbursement			011	Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				1000.	00
FRIENDS OF JOHN BARROW	=		Type		- 7 -		1000.	50
President	ent For: Primary Other (specify)	General ▼						
State: GA District: 12								
Full Name (Last, First, Middle Initial) - Candidate FRIENDS OF MIKE LEE	INC			Date of	Disburse	ment		
				M - M	/ D		Y	Υ
Mailing Address 10 WEST BROADWAY SUITE 500				05	1	4	2013	
,		ip Code		Trans	action ID	: SB23.1247	74	
SALT LAKE CITY Purpose of Disbursement	UT 8	34101						
. s.peco or proparounion			011	Amount	of Each	Disburseme	nt this P	eriod
Candidate Name						2.301110		.54
Candidate FRIENDS OF MIKE LEE	INC		Category/ Type				1000.	00
Office Sought: House Disbursem								
	Primary	General						
President	Other (specify)) ▼						
State: UT District: 00								
Full Name (Last, First, Middle Initial)					D: :			
Jim JIM GERLACH FOR CONGRE	SS			Date of	Disburse			
Mailing Address BO BOY 27				M = M	/ D 1		7	Υ
Mailing Address PO BOX 87				05	14	نا ك	2013	_
City S	tate Z	ip Code					\ -	
UWCHLAND		9480		Trans	action ID	: SB23.1248	5 7	
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			011	Amount	of Each	Disburseme	nt this P	eriod
Candidate Name	.00		Category/	-			1000.	00
Jim JIM GERLACH FOR CONGRE			Туре				. 550.	
	nent For: Primary Other (specify)	General						
State: PA District: 06		•						
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NAME OF COMMITTEE (In Full)	ne and addre	233 Of arry politica	i committee to	3011011 COTI	inbutions no	om sach committee.	-
Omnicare, Inc. Political Action Co	mmittaa						
Offinicale, inc. Folitical Action Co	mmuce						
Full Name (Last, First, Middle Initial)							
A. JIM RENACCI FOR CONGRESS				Date of	Disburseme	ent	
Mailing Address 450 0MOVEDIOE DDIVE				M M	/ D D	/	
Mailing Address 150 SMOKERISE DRIVE				06	24	2013	
City	State	Zip Code		T	atian ID . C	P00 40400	
WADSWORTH	ОН	44281		Iransa	ction ID : S	B23.12490	
Purpose of Disbursement			1				
Candidate Name			011	Amount	of Each Dis	sbursement this Period	
JIM RENACCI FOR CONGRESS			Category/	П.,.,		1000.00	
	ment For:		Туре		7		
Senate	Primary	General					
President	Other (speci	ify) ▼					
State: District:							
Full Name (Last, First, Middle Initial)							
B. LATTA FOR CONGRESS				Date of	Disburseme	ent	
Martha a Address - Bo Borres				M = M	/ D D	/	
Mailing Address PO BOX 106				06	24	2013	
City	State	Zip Code		Transa	ction ID : S	B23 12/83	-
						DZJ. 1240J	
BOWLING GREEN	ОН	43402		ITALISA			
BOWLING GREEN Purpose of Disbursement	OH	43402	011	_		shurroom ant this Daviad	
Purpose of Disbursement	ОН	43402	011	_		sbursement this Period	
Purpose of Disbursement Candidate Name	OH	43402	Category/	_		sbursement this Period	
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS	OH ment For:	43402		_			
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS		43402 General	Category/	_			
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Disburse	ment For:	General	Category/	_			
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District:	ment For: Primary	General	Category/	_			_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ment For: Primary	General	Category/	Amount	of Each Dis	2000.00	-
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District:	ment For: Primary	General	Category/	Amount Date of	of Each Dis	2000.00	_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS	ment For: Primary	General	Category/	Amount	of Each Dis	2000.00 ent	_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ment For: Primary	General	Category/	Amount Date of	of Each Dis	2000.00	_
Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City	ment For: Primary Other (speci	General ify) ▼ Zip Code	Category/	Amount Date of	of Each Dis	2000.00 ent / Y Y Y Y 2013	_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City Long Branch	ment For: Primary Other (speci	☐ General	Category/	Amount Date of	of Each Dis	2000.00 ent / Y Y Y Y 2013	_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City	ment For: Primary Other (speci	General ify) ▼ Zip Code	Category/ Type	Date of 05	Disburseme	2000.00 ent / Y Y Y Y 2013 BB23.12480	_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City Long Branch	ment For: Primary Other (speci	General ify) ▼ Zip Code	Category/ Type	Date of 05	Disburseme	2000.00 ent / Y Y Y Y 2013	_
Purpose of Disbursement Candidate Name LATTA FOR CONGRESS Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City Long Branch Purpose of Disbursement	ment For: Primary Other (speci	General ify) ▼ Zip Code	Category/ Type	Date of 05	Disburseme	2000.00 ent / Y Y Y Y 2013 BB23.12480	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 74 OF 7
TEMIZED DISBURSEMENTS	Use separate schedul for each category of t	(check only	one)
	Detailed Summary Pa	ige \square^{210}	22 🗙 23 24 25
		27	28a 28b 28c 29
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
	ie and address of any p	ontical committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare Inc. Political Action Cor	nmittoo		
Omnicare, Inc. Political Action Cor	IIIIIIIIEE		
Full Name (Last, First, Middle Initial)			
 Candidate POMPEO FOR CONGR 	RESS INC		Date of Disbursement
Mailing Address PO BOX 780146			05
City	State Zip Code		
WICHITA	KS 67212		Transaction ID : SB23.12471
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name	E00 INC	Category/	1000.00
Candidate POMPEO FOR CONGR		Type	1000.00
	nent For: Primary ☐ Gener Other (specify) ▼	ral	
State: KS District: 04			
Full Name (Last, First, Middle Initial)			
SCHOCK FOR CONGRESS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 10555			05 14 2013
-	State Zip Code IL 61612		Transaction ID : SB23.12476
PEORIA Purpose of Disbursement	IL 61612		
. 4.,5000 0. 2.004.00		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
SCHOCK FOR CONGRESS		Type	1000.00
Office Sought: House Disbursen	nent For:		
	Primary Gener	al	
	Other (specify) ▼		
State: IL District: 18			
Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS			Date of Disbursement
· IIIVI WURPHT FUR CONGRESS			
Mailing Address P.O. BOX 24551			05 14 2013
,	State Zip Code		Transaction ID : SB23.12472
PITTSBURGH Purpose of Disbursement	PA 15234		
. a pood of Diobardoment		011	Amount of Each Dichurgement this Design
Candidate Name			Amount of Each Disbursement this Period
TIM MURPHY FOR CONGRESS		Category/ Type	1000.00
Office Sought:	nent For:	1 71	
Senate	Primary Gener	al	
President	Other (specify) ▼		
State: PA District: 18			
SUBTOTAL of Disbursements This Page (optional)			3000.00
			40000 00
TOTAL This Period (last page this line number only).			13000.00