

Image# 13941314150

PAGE 1 / 74

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

Office Use Only

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

12FE4M5

Omnicare, Inc. Political Action Committee

ADDRESS (number and street)

900 Omnicare Center

201 E Fourth Street

☐ Check if different than previously reported. (ACC)

Cincinnati

OH

45202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

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

Type or Print Name of Treasurer Donna M Lecky

Signature of Treasurer

Donna M Lecky

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 01 2013

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		53555.23
(b) Cash on Hand at Beginning of Reporting Period.....	54686.03	
(c) Total Receipts (from Line 19)	15524.40	34155.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70210.43	87710.43
7. Total Disbursements (from Line 31)	13094.52	30594.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57115.91	57115.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10507.00	16613.00
(ii) Unitemized	5017.40	17542.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	15524.40	34155.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15524.40	34155.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	15524.40	34155.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15524.40	34155.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	94.52	94.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	94.52	94.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	30500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13094.52	30594.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15524.40	34155.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15524.40	34155.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	94.52	94.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	94.52	94.52

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

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

FOR LINE NUMBER: PAGE 6 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Anderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12155

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Todd Anderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12363

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Todd Anderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12260

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.11845

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11AI.11949

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12053

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 8 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12156

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12364

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12261

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.11847

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.11951

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1910.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.12055

Amount of Each Receipt this Period

190.00

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

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

570.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12158

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2290.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12366

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2480.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12263

Amount of Each Receipt this Period

190.00

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

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

570.00

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

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

FOR LINE NUMBER: PAGE 11 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.11848

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11AI.11952

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12056

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
05 / 24 / 2013

Transaction ID : SA11AI.12159

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
06 / 07 / 2013

Transaction ID : SA11AI.12367

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

MM / DD / YYYY
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 only)..... ►

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

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

FOR LINE NUMBER: PAGE 13 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11Al.12160

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11Al.12368

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11Al.12265

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
 Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12163

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
 Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12371

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
 Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.11853

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.11957

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.12061

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12164

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12372

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
 Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12269

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 17 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.11856

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11AI.11960

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12064

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12167

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12375

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12272

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark P Celebre

Mailing Address 3800 - 5th Place

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12377

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark P Celebre

Mailing Address 3800 - 5th Place

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12274

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12170

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12378

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12275

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William S Douglas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11862

Amount of Each Receipt this Period

50.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S Douglas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.11966

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William S Douglas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12070

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William S Douglas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12173

Amount of Each Receipt this Period

50.00

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

150.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S Douglas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12381

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William S Douglas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12278

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City CINCINNATI State OH Zip Code 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11863

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 23 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11AI.11967

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12071

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12174

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12382

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12279

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 9945 SE GIA CT.

City State Zip Code
 Portland OR 97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12175

Amount of Each Receipt this Period

20.00

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

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

220.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Egan

Mailing Address 9945 SE GIA CT.

City State Zip Code
 Portland OR 97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Omnicare, Inc - Evergreen

Occupation
 Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.12383

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 9945 SE GIA CT.

City State Zip Code
 Portland OR 97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Omnicare, Inc - Evergreen

Occupation
 Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.12280

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. W G Erwin

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Omnicare, Inc.

Occupation
 SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.11865

Amount of Each Receipt this Period

100.00

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

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

140.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.11969

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12073

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12176

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12384

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12281

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City COLUMBUS State OH Zip Code 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11867

Amount of Each Receipt this Period

40.00

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 28 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.11971

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.12075

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : SA11AI.12178

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12386

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12283

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. James G Flood

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11868

Amount of Each Receipt this Period

192.00

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

272.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G Flood

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.11972

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. James G Flood

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12076

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. James G Flood

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12179

Amount of Each Receipt this Period

192.00

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

576.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G Flood

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12387

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. James G Flood

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12284

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Robert Foley

Mailing Address 9692 Calliope Lane

City State Zip Code
Shreveport LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12180

Amount of Each Receipt this Period

20.00

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

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

404.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Foley

Mailing Address 9692 Calliope Lane

City
Shreveport

State Zip Code
LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12388

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert Foley

Mailing Address 9692 Calliope Lane

City
Shreveport

State Zip Code
LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Steven D Gates

Mailing Address 201 E Fourth Street
900 Omnicare Center

City
Cincinnati

State Zip Code
OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12390

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D Gates

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12287

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. IVAN B GORDON

Mailing Address 2158 VINE DRIVE

City MERRICK State NY Zip Code 11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12393

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. IVAN B GORDON

Mailing Address 2158 VINE DRIVE

City MERRICK State NY Zip Code 11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12290

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11876

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.11980

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12084

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12187

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12395

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12292

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.11877

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11AI.11981

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12085

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 37 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
 BUFORD GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : SA11AI.12188

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
 BUFORD GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.12396

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
 BUFORD GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.12293

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City State Zip Code
 Maineville OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12294

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
 Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11879

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
 Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.11983

Amount of Each Receipt this Period

100.00

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

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

220.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12087

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12190

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12398

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 40 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12295

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Susan J Klem

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati

Occupation

Sr. Director, Clinical Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12301

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.11887

Amount of Each Receipt this Period

100.00

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

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

220.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.11991

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.12095

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : SA11AI.12198

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12406

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12303

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.11891

Amount of Each Receipt this Period

40.00

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 43 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11AI.11995

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12099

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12202

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 74

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

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

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.12410

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.12307

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
 Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : SA11AI.12204

Amount of Each Receipt this Period

20.00

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

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

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
 Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12412

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
 Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12309

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John Lockard

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12205

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Lockard

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12413

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Lockard

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12310

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nancy L. Losben

Mailing Address 2751 Chapel Avenue

City Cherry Hill State NJ Zip Code 08002

FEC ID number of contributing
federal political committee.

C

Name of Employer

NeighborCare

Occupation

Senior Vice-President - Clinical Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12414

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy L. Losben

Mailing Address 2751 Chapel Avenue

City State Zip Code
 Cherry Hill NJ 08002

FEC ID number of contributing
federal political committee.

C

Name of Employer

NeighborCare

Occupation

Senior Vice-President - Clinical Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12311

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12219

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2013

Transaction ID : SA11AI.12257

Amount of Each Receipt this Period

10.00

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

40.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12427

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 14 / 2013

Transaction ID : SA11AI.12258

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12324

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
 Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11AI.12361

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : SA11AI.12221

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.12429

Amount of Each Receipt this Period

20.00

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

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

50.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12326

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11912

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.12016

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12119

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12222

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12430

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12327

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Rolf Schrader

Mailing Address 4140 North Moor Rd

City Toledo State OH Zip Code 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11913

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Rolf Schrader

Mailing Address 4140 North Moor Rd

City Toledo State OH Zip Code 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.12017

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.12120

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12223

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12431

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
 Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12328

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City State Zip Code
 WILDER KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12432

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City State Zip Code
 WILDER KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12329

Amount of Each Receipt this Period

20.00

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

80.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12228

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12436

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12333

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 74

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

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

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12231

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12439

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12336

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel A. Thomas

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12338

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City Englewood State OH Zip Code 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12234

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City Englewood State OH Zip Code 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12442

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
 Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.12339

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City State Zip Code
 Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.11926

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Trite

Mailing Address 6512 Windmere Rd

City State Zip Code
 Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.12030

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12133

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12236

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12444

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12341

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.12032

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12135

Amount of Each Receipt this Period

25.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12238

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12446

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12343

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : SA11AI.12242

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.12450

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12245

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12453

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12350

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janine Wolfram

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12250

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janine Wolfram

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12458

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Janine Wolfram

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12355

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12251

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12459

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12356

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.11942

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.12046

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.12149

Amount of Each Receipt this Period

125.00

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

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

375.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12252

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12460

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12357

Amount of Each Receipt this Period

125.00

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

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

375.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.12253

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.12461

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.12358

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.11945

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.12049

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.12152

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.12255

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.12463

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.12360

Amount of Each Receipt this Period

40.00

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

120.00

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

10507.00

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

PAGE 71 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOB GOODLATTE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Mailing Address P.O. BOX 292

City	State	Zip Code
ROANOKE	VA	24002

Transaction ID : SB23.12478

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

BOB GOODLATTE FOR CONGRESS COMMITTEECategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

Mailing Address 200 E ST JULIAN ST SUITE 603

City	State	Zip Code
SAVANNAH	GA	31401

Transaction ID : SB23.12486

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

BUDDY CARTER FOR CONGRESSCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Candidate DELBENE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Mailing Address PO BOX 487

City	State	Zip Code
BOTHELL	WA	98041

Transaction ID : SB23.12468

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Candidate DELBENE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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

PAGE 72 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City	State	Zip Code
Savannah	GA	31412

Purpose of Disbursement

011

Candidate Name

FRIENDS OF JOHN BARROW

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12465

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Candidate FRIENDS OF MIKE LEE INCMailing Address 10 WEST BROADWAY
SUITE 500

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement

011

Candidate Name

Candidate FRIENDS OF MIKE LEE INC

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12474

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jim JIM GERLACH FOR CONGRESS

Mailing Address PO BOX 87

City	State	Zip Code
UWCHLAND	PA	19480

Purpose of Disbursement

011

Candidate Name

Jim JIM GERLACH FOR CONGRESS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12487

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

PAGE 73 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City	State	Zip Code
WADSWORTH	OH	44281

Purpose of Disbursement

011

Candidate Name

JIM RENACCI FOR CONGRESS

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2013

Transaction ID : SB23.12490

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City	State	Zip Code
BOWLING GREEN	OH	43402

Purpose of Disbursement

011

Candidate Name

LATTA FOR CONGRESS

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2013

Transaction ID : SB23.12483

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

011

Candidate Name

PALLONE FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12480

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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

PAGE 74 OF 74

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Candidate POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA	State KS	Zip Code 67212
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Candidate POMPEO FOR CONGRESS INC

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12471

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City PEORIA	State IL	Zip Code 61612
----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

SCHOCK FOR CONGRESS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12476

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

TIM MURPHY FOR CONGRESS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2013

Transaction ID : SB23.12472

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

13000.00