

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

1600 River Center II

100 East River Center Blvd

(Check if address
is changed)

Covington

KY

41101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

thomas.marsh@omnicare.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

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

3. FEC IDENTIFICATION NUMBER

C C00392886

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

Tom Marsh

Signature of Treasurer

Electronically Filed by Tom Marsh

Date

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

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

OmniCare, Inc.

Mailing Address

1600 River Center II

100 East River Center

Covington

KY

41101

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Tom Marsh**

Mailing Address **1600 River Center II**
100 East River Center Blvd.
Covington KY 41101

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer 859 392 3693

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Tom Marsh**

Mailing Address **1600 River Center II**
100 East River Center Blvd.
Covington KY 41101

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mellon Financial

Mailing Address

500 Ross Street

Room 1380

Pittsburgh

PA

15262 - 0001

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☒

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE▲

ZIP CODE ▲

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY STATE \triangle ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE

Relationship

Type of Connected Organization:

Corporation

9

Corporation w/o Capital Stock

9

Labor Organization

☐

Membership Organization

9

Trade Association

9

Cooperative

[ADDITIONAL]

ZIP CODE ▲

Telephone number _____ - _____ - _____