Image# 14960751178 PAGE 1 / 24

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | For Other | Inan An A | uthorized | d Commit | tee | | Office Us | se Only | |
|---------------------------------------------------------|----------------|---------------------------------------|-------------------|----------------------------|----------------------|---------------|----------------|--------------------|--------------------------------|
| NAME OF COMMITTEE (in full) | TYPE OR | PRINT ▼ | | ample: If typer the lines. | ing, type | 12FE4M | 15 | | |
| OMNICARE, INC. PO | OLITICAL | ACTION C | COMMIT | TEE | | | | | |
| | | | | | | | | | |
| ADDRESS (number and street) | 900 OMN | IICARE CENTE | ER | 1 1 1 1 | | 1 1 1 1 | 1 1 1 1 | | 1 |
| The street (number and street) | 201 E FC | OURTH STREE | T , | | | | | | |
| Check if different than previously reported. (ACC) | CINCINI | NATI | | | | ОН | 45202 | | |
| 2. FEC IDENTIFICATION | NUMBER ▼ | | CITY 🛦 | | : | STATE 🛦 | | ZIP CODE | L |
| C C00392886 | | 3. | IS THIS REPORT | | NEW (N) OR | | AMENDED (A) | | |
| 4. TYPE OF REPORT (Choose One) | (b) Mor Rep | | Feb 20 (M2) | | May 20 (M5) | Au | ug 20 (M8) | (Non- Year | 20 (M11) -Election Only) |
| (a) Quarterly Reports: | | Ш' | Mar 20 (M3) | Ш | Jun 20 (M6) | Se | ep 20 (M9) | (Non- | 20 (M12) Election Only) |
| X April 15 | | | Apr 20 (M4) | | Jul 20 (M7) | O | ct 20 (M10) | Jan | 31 (YE) |
| Quarterly Report July 15 | (C) | 12-Day PRE-Election | | Primary (12 | P) | Gener | al (12G) | Rund | off (12R) |
| Quarterly Report October 15 | (Q2) | Report for the | a: | Convention | (12C) | Specia | ıl (12S) | | |
| Quarterly Report | (Q3) | | | M = M / | D D / | Y Y Y | Υ | in the | _ |
| January 31 Year-End Report | ` ' | Ele | ection on | | | | | State of | |
| July 31 Mid-Year Report (Non-elec Year Only) (MY) | | 30-Day POST-Election Report for the | | General (30 | G) | Runoff | (30R) | Spec | cial (30S) |
| Termination Repo | ort | · | ection on | M = M | D = D / | Y | Y | in the State of | |
| 5. Covering Period | 01 01 | 201 | 4 | through | 03 | / D D 31 | / Y Y 201 | 4 | |
| I certify that I have examined | this Report a | nd to the best | t of my kno | wledge and | belief it is tru | ie, correct a | and complet | ie. | |
| Type or Print Name of Treasu | urer Donna L | ecky | | | | | | | |
| Signature of Treasurer | onna Lecky | | | [Electronical | lly Filed] | Date 04 | M / D 15 | 20 | y y y y 14 |
| NOTE: Submission of false, err | oneous, or inc | omplete informa | ation may sı | ubject the pe | rson signing th | nis Report to | the penaltic | es of 2 U.S.C | . §437g. |
| Office | | | | , , , | | , | | FORM 3 | |
| Use Only | | | | | | | | ev. 12/2004 | ··· |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name OMNICARE, INC. POLITICAL ACTION COMMITTEE 2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 84338.44 January 1, 2014 (b) Cash on Hand at 84338.44 Beginning of Reporting Period..... 14618.88 14618.88 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 98957.32 98957.32 6(a) and 6(c) for Column B)..... 16240.29 16240.29 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 82717.03 82717.03 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | 4500.00 |
| (i) Itemized (use Schedule A) | 4588.08 | 4588.08 |
| (ii) Unitemized(iii) TOTAL (add | 10030.80 | 10030.80 |
| Lines 11(a)(i) and (ii) | 14618.88 | 14618.88 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 14618.88 | 14618.88 |
| Totals to Line 33, page 5) | 14010.00 | 14010.00 |
| 2. Transfers From Affiliated/Other | 0.00 | 0.00 |
| Party Committees | 0.00 | 0.00 |
| B. All Loans Received | 0.00 | 0.00 |
| 2. All Edding Fledelyed | | |
| 1 Loop Denoyments Descived | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 6. Refunds of Contributions Made | 7 | 3.00 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| 7. Other Federal Receipts | 5.00 | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| B. Transfers from Non-Federal and Levin Funds | 0.00 | 3.00 |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| , | 7 | , , , |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (b) Levill I alias (from conedule 115) | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)) 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | | 146 |
| O. Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 14618.88 | 14618.8 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | Total This Period | | | | | |
|-------------------------------------------------------------------------|-------------------|-----------------------|--|--|--|--|
| . Operating Expenditures: – (a) Allocated Federal/Non-Federal | 10:01 1:110 | Calendar Year-to-Date | | | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 | | | | |
| (i) Federal Share | | | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | | |
| (b) Other Federal Operating | 240.29 | 240.29 | | | | |
| Expenditures(c) Total Operating Expenditures | 240.29 | 240.29 | | | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 240.29 | 240.29 | | | | |
| Transfers to Affiliated/Other Party | | | | | | |
| Committees Contributions to | 0.00 | 0.00 | | | | |
| Federal Candidates/Committees and Other Political Committees | 16000.00 | 16000.00 | | | | |
| Independent Expenditures | 0.00 | 0.00 | | | | |
| (use Schedule E) | | | | | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | | |
| Loans MadeRefunds of Contributions To: | 0.00 | 0.00 | | | | |
| (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 | 0.00 | 0.00 | | | | |
| (add Lines 28(a), (b), and (c))▶ | 7 | 0.00 | | | | |
| Other Disbursements | 0.00 | 0.00 | | | | |
| 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 | 0.00 | 0.00 | | | | |
| With Federal Funds | 0.00 | 0.00 | | | | |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | | |
| Total Disbursements (add Lines 21(c), 22, | | | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 16240.29 | 16240.29 | | | | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | | | |
| from Line 31) | 16240.29 | 16240.29 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 14618.88 | 14618.88 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 14618.88 | 14618.88 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 240.29 | 240.29 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| Net Operating Expenditures (subtract Line 37 from Line 36) | 240.29 | 240.29 |

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

| | FOR LINE NUMBER: | | | | | PAGE | 6 | OF | 24 |
|------------------|------------------|-------|--|-----|--|------|----|----|----|
| (check only one) | | | | | | | | | |
| | X | 11a [| | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | | 17 |

| or for commercial purposes, other than using the | ne 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. Michael J Arnold | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | 900 Omnicare Center | | | | | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7412 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 40.00 | | | | | |
| Name of Employer Omnicare, Inc. | Occupation VP, Sales and Marketing | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Michael J Arnold Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt 03 28 2014 Transaction ID: SA11AI.7499 | | | | | |
| Cincinnati FEC ID number of contributing federal political committee. | OH 45202 | Amount of Each Receipt this Period 40.00 | | | | | |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation VP, Sales and Marketing Aggregate Year-to-Date ▼ 280.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Darold R Barnes Mailing Address 201 E. Fourth Street 900 Omnicare Center | State 7:- C-J- | Date of Receipt 03 14 2014 | | | | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7413 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 40.00 | | | | | |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 240.00 | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 120.00 | | | | | |
| TOTAL This Period (last page this line number | <u> </u> | | | | | | |

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

| FOR LINE | NUMBER | : PA | GE 7 | OF | 24 |
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| (check onl | y one) | | | | |
| X 11a | 11b | 11c | 12 | 2 | |
| 13 | 14 | 15 | 16 | 3 | 17 |

| or for commercial purposes, other than using t | 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. Darold R Barnes | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | | | | | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7500 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 40.00 | | | | | |
| Name of Employer Omnicare, Inc. | Occupation Regional Service Area Director | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | | | | | | |
| Full Name (Last, First, Middle Initial) William S Douglas Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt 02 28 2014 Transaction ID: SA11AI.7337 | | | | | |
| Cincinnati FEC ID number of contributing | OH 45202 | Amount of Each Receipt this Period | | | | | |
| federal political committee. Name of Employer | Occupation | 50.00 | | | | | |
| Omnicare, Inc. Receipt For: Primary General | Sr. Director, Government Affairs Aggregate Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | 250.00 | | | | | | |
| Full Name (Last, First, Middle Initial) William S Douglas | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | 03 14 2014 | | | | | |
| Cincinnati | OH 45202 | Transaction ID : SA11AI.7424 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | | | | |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Sr. Director, Government Affairs Aggregate Year-to-Date ▼ 300.00 | | | | | | |
| SUBTOTAL of Receipts This Page (optional). | <u> </u> | 140.00 | | | | | |
| TOTAL This Period (last page this line number | er only) | | | | | | |

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

| | | | | | PAGE | = | 8 | OF | 24 |
|------------------|-----|--|-----|--|------|---|----|----|----|
| (check only one) | | | | | | | | | |
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| | 13 | | 14 | | 15 | | 16 | 6 | 17 |

| or for commercial purposes, other than using the | ne 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. William S Douglas | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | 900 Omnicare Center | | | | | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7511 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | | | | |
| Name of Employer Omnicare, Inc. | Occupation Sr. Director, Government Affairs | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt O1 31 2014 | | | | | |
| Cincinnati | OH 45202 | Transaction ID: SA11AI.7163 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | | | | |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ 300.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address and F. French Street | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | 02 14 2014 Transaction ID : SA11AI.7251 | | | | | |
| Cincinnati FEC ID number of contributing federal political committee. | OH 45202 | Amount of Each Receipt this Period | | | | | |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | 400.00 | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | • | 250.00 | | | | | |
| TOTAL This Period (last page this line number | r only) | | | | | | |

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

| | FOR LINE NUMBER: | | | | | | PAGE | 9 | OF | 24 |
|------------------|------------------|---|-----|--|-----|--|------|----|----|----|
| (check only one) | | | | | | | | | | |
| | | X | 11a | | 11b | | 11c | 12 | | |
| | | | 13 | | 14 | | 15 | 16 | | 17 |

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

| or for commercial purposes, other than using the | ne 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. Robert E Dries | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 02 28 2014 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7338 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare, Inc. | Occupation SVP, Financial Operation-LTC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cincinnati | OH 45202 | Transaction ID: SA11AI.7425 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street | | Date of Receipt |
| 900 Omnicare Center City Cincinnati | State Zip Code OH 45202 | 03 28 2014 Transaction ID : SA11AI.7512 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General Other (specify) ▼ | Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ 700.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 300.00 |
| TOTAL This Period (last page this line numbe | <u> </u> | |

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

| | TEINE NOMBER. TAGE TO GE 2 | | | | | | 24 | | | |
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| | 13 | | 14 | | 15 | | 16 | ; | | 17 |

| or for commercial purposes, other than using the | he 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. W Erwin | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7165 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare, Inc. | Occupation SVP, Clinical Services | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) W Erwin Mailing Address 201 E. Fourth Street 900 Omnicare Center | | Date of Receipt O2 14 2014 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7253 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation SVP, Clinical Services Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 400.00 | |
| Full Name (Last, First, Middle Initial) W Erwin | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 02 28 2014 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7340 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation SVP, Clinical Services | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 300.00 |
| TOTAL This Period (last page this line number | r only) | |

| | | LINE | | | : | PAGE | . 1 | 11 | OF | 24 |
|----|----|---------|----|-----|---|------|-----|----|----|----|
| (c | he | ck only | or | ne) | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 |

| or for commercial purposes, other than using | nd Statements may not be sold or used by any per g the name and address of any political committee t | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICA | AL ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) A. W Erwin | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | Chata | 03 14 2014 |
| City | State Zip Code OH 45202 | Transaction ID : SA11AI.7427 |
| Cincinnati | OH 45202 | _ Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | † |
| Omnicare, Inc. | SVP, Clinical Services | |
| Receipt For: | Aggregate Year-to-Date ▼ | 7 |
| Primary General | 0.0 | |
| Other (specify) ▼ | 600.00 | |
| Full Name (Last, First, Middle Initial) 3. W Erwin | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | O | 03 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.7514 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | 7 |
| Omnicare, Inc. | SVP, Clinical Services | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 700.00 | |
| Full Name (Last, First, Middle Initial) 2. James G Flood | ' | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 01 17 2014 |
| City | State Zip Code | Transaction ID : SA11AI.7079 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.00 |
| Name of Employer | Occupation | - |
| Omnicare, Inc. | VP, Government Affairs | 1 |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 384.00 | |
| SUBTOTAL of Receipts This Page (optional | ıl) | 392.00 |
| TOTAL This Period (last page this line num | nber only) | |
| | ,, | |

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

| FOR | LINE | NU | MBER | : | PAGE | . 1 | 12 | OF | 24 |
|------|---------|----|-------------|---|------|-----|----|----|----|
| (che | ck only | or | ne) | | | | | | |
| × | 11a | | 11b | | 11c | | 12 | | |
| | 13 | | 14 | | 15 | | 16 | | 17 |

| or for commercial purposes, other than using the | ne 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) 1. James G Flood | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7167 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.00 |
| Name of Employer Omnicare, Inc. | Occupation VP, Government Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 576.00 | |
| Full Name (Last, First, Middle Initial) 3. James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cincinnati FEC ID number of contributing federal political committee. | OH 45202 | Amount of Each Receipt this Period |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation VP, Government Affairs Aggregate Year-to-Date ▼ 768.00 | |
| Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt 02 28 2014 Transaction ID: SA11AI.7342 |
| Cincinnati FEC ID number of contributing federal political committee. | OH 45202 | Amount of Each Receipt this Period |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation VP, Government Affairs Aggregate Year-to-Date ▼ 960.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 576.00 |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) 1. James G Flood | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 03 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7429 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.00 |
| Name of Employer Omnicare, Inc. | Occupation VP, Government Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1152.00 | |
| Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt 03 28 2014 |
| Cincinnati FEC ID number of contributing | OH 45202 | Transaction ID : SA11AI.7516 Amount of Each Receipt this Period |
| federal political committee. | C | 192.00 |
| Name of Employer Omnicare, Inc. | Occupation VP, Government Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1344.00 | |
| Full Name (Last, First, Middle Initial) . Terry Harris | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 03 14 2014 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7436 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 240.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 424.00 |
| TOTAL This Period (last page this line number | er only) | |

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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) 1. Terry Harris | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 03 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.7523 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Sr. Director, Operations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |
| Full Name (Last, First, Middle Initial) Hal Henderson Mailing Address 201 E. Fourth Street 900 Omnicare Center | | Date of Receipt O2 282014 |
| City 900 Omnicare Center | State Zip Code | 77 Transaction ID : SA11AI.7350 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Regional Vice President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) . Hal Henderson | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 03 14 2014 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7437 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Regional Vice President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | |
| SUBTOTAL of Receipts This Page (optional). | • | 140.00 |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
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| Full Name (Last, First, Middle Initial) Hal Henderson Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 350.00 | Date of Receipt 03 28 2014 Transaction ID: SA11AI.7524 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) Richard M Hood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 300.00 | Date of Receipt O1 31 2014 Transaction ID: SA11AI.7177 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) Richard M Hood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) General | State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 400.00 | Date of Receipt 02 14 2014 Transaction ID: SA11AI.7265 Amount of Each Receipt this Period 100.00 |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 250.00 |

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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | _ ACTION COMMITTEE | | | | | | |
| Full Name (Last, First, Middle Initial) A. Richard M Hood Mailing Address 201 E. Fourth Street | | Date of Receipt | | | | | |
| 900 Omnicare Center | | 02 28 2014 | | | | | |
| City | State Zip Code OH 45202 | Transaction ID : SA11AI.7352 | | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General | 500.00 | | | | | | |
| Other (specify) | 500.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Robert O Kraft | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street | Mailing Address 201 E. Fourth Street | | | | | | |
| 900 Omnicare Center | State 7's C-d- | 01 31 2014 | | | | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7184 | | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | |
| Omnicare, Inc. | CFO | _ | | | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | | | |
| Other (specify) ▼ | 300.00 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Robert O Kraft | | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 02 14 2014 | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.7272 | | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | | | | |
| Name of Employer | Occupation | - | | | | | |
| Omnicare, Inc. | CFO |] | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General | | | | | | | |
| Other (specify) ▼ | 400.00 | | | | | | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | _ ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 02 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.7359 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | CFO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center | Date of Receipt 03 14 2014 | |
| City | State Zip Code | Transaction ID : SA11AI.7445 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 100.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | CFO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) C. Robert O Kraft | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 03 28 2014 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7532 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | CFO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 700.00 | |
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| or for commercial purposes, other than | using the name and address of any political committee t | | | | | | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLIT | ICAL ACTION COMMITTEE | | | | | | |
| Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Stree | Date of Receipt | | | | | | |
| 900 Omnicare Cente | | 03 14 2014 Transportion ID : \$A11A1.7449 | | | | | |
| Cincinnati | OH 45202 | Transaction ID : SA11AI.7449 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 40.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | |
| Omnicare, Inc. | Treasurer | _ | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | | | | | |
| B. Donna Lecky | Full Name (Last, First, Middle Initial) Donna Lecky | | | | | | |
| Mailing Address 201 E. Fourth Street | M = M / D = D / Y = Y = Y | | | | | | |
| 900 Omnicare Cente | er State Zip Code | 03 28 2014 Transaction ID : SA11Al.7536 | | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 40.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | |
| Omnicare, Inc. Receipt For: | Treasurer | _ | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Thomas Schleigh | 1 | Date of Receipt | | | | | |
| Mailing Address 201 E. Fourth Stree 900 Omnicare Cente | er | 03 14 2014 | | | | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7468 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 40.00 | | | | | |
| Name of Employer | Name of Employer Occupation | | | | | | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | | | | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | | | |
| Other (specify) ▼ | 240.00 | | | | | | |
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| or for commercial purposes, other than using the | name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | C | 40.00 |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Omnicare, inc. Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 280.00 | |
| Full Name (Last, First, Middle Initial) Rolf Schrader | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. | State Zip Code OH 45202 C Occupation Pharmacy General Manager | Transaction ID: SA11AI.7469 Amount of Each Receipt this Period 40.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) Rolf Schrader Mailing Address 201 E. Fourth Street | | Date of Receipt |
| 900 Omnicare Center City Cincinnati | State Zip Code OH 45202 | 03 28 2014 Transaction ID : SA11AI.7556 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |
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| | Statements may not be sold or used by any person e name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) John L Workman Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | State Zip Code OH 45202 C Occupation CEO Aggregate Year-to-Date ▼ | Date of Receipt M M M |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | State Zip Code OH 45202 C Occupation CEO Aggregate Year-to-Date ▼ 375.00 | Date of Receipt M M M / 2014 Transaction ID: SA11AI.7231 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) John L Workman Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation CEO Aggregate Year-to-Date ▼ | Date of Receipt M M M / D D / 2014 Transaction ID: SA11AI.7318 Amount of Each Receipt this Period 125.00 |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) 1. John L Workman | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 02 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.7405 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 625.00 | |
| Full Name (Last, First, Middle Initial) John L Workman Mailing Address 2015 Facult Ottoor | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | M = M / D = D / Y = Y = Y | |
| 900 Omnicare Center City | State Zip Code | 03 14 2014 Transaction ID : \$A11A1 7491 |
| Cincinnati | OH 45202 | Transaction ID : SA11AI.7491 Amount of Each Receipt this Period |
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| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | CEO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) C. John L Workman | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 03 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.7578 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 33 0 | |
| Other (specify) ▼ | 875.00 | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | _ ACTION COMMITTEE | | |
| Full Name (Last, First, Middle Initial) A. Barbara J Zarowitz | | Date of Receipt | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | 03 | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7494 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 40.00 | |
| Name of Employer | Occupation | | |
| Omnicare, Inc. Receipt For: | VP, Chief Clinical Officer | | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |
| Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 201 E. Fourth Street | Date of Receipt | | |
| 900 Omnicare Center | | | |
| City | State Zip Code OH 45202 | Transaction ID : SA11AI.7495 | |
| Cincinnati FEC ID number of contributing federal political committee. | OH 45202 | Amount of Each Receipt this Period 26.08 | |
| Name of Employer | Occupation | | |
| Omnicare, Inc. | VP, Chief Clinical Officer | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 266.08 | | |
| Full Name (Last, First, Middle Initial) C. Barbara J Zarowitz | Date of Receipt | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | 03 28 2014 | | |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.7581 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 40.00 | |
| Name of Employer | | | |
| Omnicare, Inc. | VP, Chief Clinical Officer | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 306.08 | | |
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| TOTAL This Period (last page this line numb | er only) | 4588.08 | |

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| | for commercial purposes, other than using the nam | | | | | | | |
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| $ \ \rangle$ | OMNICARE, INC. POLITICAL ACT | | NAMITTEE | | | | | |
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| | Full Name (Last, First, Middle Initial) | | | | | | | |
| A. | Andrew Cuomo 2014 | | | | Date of Disbursement | | | |
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| | Mailing Address P.O. BOX 4105 | 01 06 2014 | | | | | | |
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| | City | | Transaction ID : SB23.7589 | | | | | |
| | New York Purpose of Disbursement | NY | 10163 | | | | | |
| | ruipose oi disbuisement | | | 011 | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | | Amount of Each Disbursement this Feriod | | | |
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| | Senate | Primary | ✓ General | | | | | |
| | President | Other (spec | | | | | | |
| | State: District: | O (Op 00 | y / \ | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | |
| В. | DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE | | | | Date of Disbursement | | | |
| | DEMOCRATIC CONCINEDSIONAL CAMILATON COMMITTEE | | | | M = M / D = D / Y = Y = Y | | | |
| | Mailing Address 430 SOUTH CAPITOL STREET, S | SE | | | 03 07 _ 2014 _ | | | |
| | 2ND FLOOR | | | | | | | |
| | City | State | Zip Code | | Transaction ID : SB23.7584 | | | |
| | WASHINGTON | DC | 20003 | | Transaction ID : 0520.7004 | | | |
| | Purpose of Disbursement | | | 244 | Assessment of Early Dichesses and this Davied | | | |
| | Candidate Name | | | 011 | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | Category/ | 5000.00 | | | |
| | Office Sought: House Disburser | nont For: | | Туре | | | | |
| | Senate Dispulser | Primary | X General | | | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | |
| C | DEMOCRATIC SENATORIAL CAN | Date of Disbursement | | | | | | |
| ٠. | DEMOCRATIC SENATORIAL CAN | | | | | | | |
| | Mailing Address 120 MARYLAND AVE NE | | | | 02 03 2014 | | | |
| | | | | | | | | |
| | City | State | Zip Code | | Transaction ID - CD22 7522 | | | |
| | WASHINGTON | DC | 20002 | | Transaction ID : SB23.7582 | | | |
| | Purpose of Disbursement | | | | | | | |
| | | | | 011 | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | Category/ | 5000.00 | | | |
| | | | | Туре | 5000.00 | | | |
| | Office Sought: House Disburser | | | | | | | |
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| ۱۶ | SUBTOTAL of Disbursements This Page (optional) | | | ····· | 11000.00 | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 24 OF 24 | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|----------------|--|--|
| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 24 28a 28b 28c | 25 26 29 30 | | |
| Any information copied from such Reports and Statem | | | | | | |
| or for commercial purposes, other than using the name | e and address of any politic | aı committee to | solicit contributions from such | committee. | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| $\Big angle$ OMNICARE, INC. POLITICAL ACT | ION COMMITTEE | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | | Date of Disbursement | | | |
| Mailing Address 320 FIRST STREET SE | | | 03 07 7 2014 | | | |
| - City S | tate Zip Code | | | | | |
| WASHINGTON | DC 20003 | | Transaction ID : SB23.758 | 86 | | |
| Purpose of Disbursement | | | | | | |
| | 011 | Amount of Each Disbursement this Period | | | | |
| Candidate Name | | Category/ | 5000.00 | | | |
| | | Type | | 5000.00 | | |
| | ent For: Primary | | | | | |
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| Full Name (Last, First, Middle Initial) | | | | | | |
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| Candidate Name | | Category/ | | | | |
| Office County House | | Туре | | | | |
| | Primary General Other (specify) | | | | | |
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| C. | | | Date of Disbursement | | | |
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| urpose of Disbursement | | | | | | |
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