



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PharMerica Corporation Political Action Committee PPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="136662.69"/>	<input type="text" value="136662.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="151568.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4502.40"/>	<input type="text" value="19408.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="156070.79"/>	<input type="text" value="156070.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="154570.79"/>	<input type="text" value="154570.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**PharMerica Corporation Political Action Committee PPAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	4209.82	12993.40
(ii) Unitemized .....	292.58	6414.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4502.40	19408.10
(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) .....	4502.40	19408.10
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))..... ▶	4502.40	19408.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4502.40	19408.10

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
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)) ..	1500.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	1500.00

**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) .....	4502.40	19408.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4502.40	19408.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**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 6 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Michael Andrews**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2011**

**Transaction ID : 060311-11**

Amount of Each Receipt this Period  
**20.19**

**B. Michael Andrews**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 17 / 2011**

**Transaction ID : 061711-10**

Amount of Each Receipt this Period  
**20.19**

**C. Charles Ashy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Director, Process Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 17 / 2011**

**Transaction ID : 061711-27**

Amount of Each Receipt this Period  
**17.30**

**SUBTOTAL** of Receipts This Page (optional)..... **57.68**

**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 7 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial)  
**A. Tracy Atkinson**

Mailing Address 2720-A Broadbent Parkway

City State Zip Code  
 Albuquerque NM 87107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 PharMerica Manager, General

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2011  
**Transaction ID : 060311-16**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Tracy Atkinson**

Mailing Address 2720-A Broadbent Parkway

City State Zip Code  
 Albuquerque NM 87107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 PharMerica Manager, General

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : 061711-15**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. John Baughman**

Mailing Address 1901 Campus Place

City State Zip Code  
 Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 PharMerica Lead Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2011  
**Transaction ID : 061011-8**

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 8 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial)  
**A. John Baughman**

Mailing Address 1901 Campus Place

City State Zip Code  
 Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 PharMerica Lead Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2011  
**Transaction ID : 062411-8**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Caneris**

Mailing Address 1901 Campus Place

City State Zip Code  
 Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 PharMerica SVP General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1384.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2011  
**Transaction ID : 060311-24**

Amount of Each Receipt this Period  
 115.38

Full Name (Last, First, Middle Initial)  
**C. Thomas Caneris**

Mailing Address 1901 Campus Place

City State Zip Code  
 Louisville KY 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 PharMerica SVP General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1384.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : 061711-24**

Amount of Each Receipt this Period  
 115.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.76

**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 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Michael Culotta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2003 Arnold Palmer Blvd  
 City Louisville State KY Zip Code 40245-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation EVP, Chief Financial Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 01 / 2011  
**Transaction ID : E7F587768346AD7258E**  
 Amount of Each Receipt this Period 250.00

**B. Michael Culotta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2003 Arnold Palmer Blvd  
 City Louisville State KY Zip Code 40245-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation EVP, Chief Financial Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 13 / 2011  
**Transaction ID : B9B99F5039E180D6F99**  
 Amount of Each Receipt this Period 250.00

**C. Michael Culotta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2003 Arnold Palmer Blvd  
 City Louisville State KY Zip Code 40245-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation EVP, Chief Financial Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID : 18F73E0B2CFE7C31E57**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 10 OF 25  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial)  
**A. Todd Dipprey**

Mailing Address 6113 43rd St Suite D

City Lubbock State TX Zip Code 79407

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2011  
**Transaction ID : 060311-12**

Amount of Each Receipt this Period  
**20.19**

Full Name (Last, First, Middle Initial)  
**B. Todd Dipprey**

Mailing Address 6113 43rd St Suite D

City Lubbock State TX Zip Code 79407

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : 061711-11**

Amount of Each Receipt this Period  
**20.19**

Full Name (Last, First, Middle Initial)  
**C. Leo F Doherty**

Mailing Address 1515 Commonwealth Avenue

City Boston State MA Zip Code 02135

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Dir Pharmacy-E (Hospital)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : 061711-3**

Amount of Each Receipt this Period  
**17.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **57.68**

**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 11 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Marjorie Dorr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Woodlawn Ave

City Madison	State CT	Zip Code 06443-3201
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation Board Member
--------------------------------	----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2011

**Transaction ID : 5A0BE3CD83B94E775A5**

Amount of Each Receipt this Period  
1000.00

**B. Teri Hartlage**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1901 Campus Place

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation VP Finance
--------------------------------	--------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-1**

Amount of Each Receipt this Period  
30.77

**C. Teri Hartlage**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1901 Campus Place

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation VP Finance
--------------------------------	--------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2011

**Transaction ID : 061711-1**

Amount of Each Receipt this Period  
30.77

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1061.54
<b>TOTAL</b> 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 12 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Anthony Hernandez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation SVP Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2011**

**Transaction ID : 060311-21**

Amount of Each Receipt this Period  
**115.38**

**B. Anthony Hernandez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation SVP Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 17 / 2011**

**Transaction ID : 061711-20**

Amount of Each Receipt this Period  
**115.38**

**C. Nancy M Hoffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation VP LTC Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2011**

**Transaction ID : 060311-15**

Amount of Each Receipt this Period  
**31.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **261.76**

**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 13 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Nancy M Hoffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation VP LTC Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 17 / 2011**

**Transaction ID : 061711-14**

Amount of Each Receipt this Period  
**31.00**

**B. Pamela Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Tall Pines Dr Suite 118

City Largo State FL Zip Code 33771

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2011**

**Transaction ID : 060311-7**

Amount of Each Receipt this Period  
**25.00**

**C. Pamela Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Tall Pines Dr Suite 118

City Largo State FL Zip Code 33771

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 17 / 2011**

**Transaction ID : 061711-6**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>81.00</b>
<b>TOTAL</b> 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 14 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Timothy W. Jolly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Campus Place  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation VP Acquisitions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 03 / 2011  
**Transaction ID : 060311-2**  
 Amount of Each Receipt this Period 30.00

**B. Timothy W. Jolly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Campus Place  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation VP Acquisitions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID : 061711-2**  
 Amount of Each Receipt this Period 30.00

**C. Jeffrey Kimmell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Campus Place  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation VP Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 06 / 03 / 2011  
**Transaction ID : 060311-25**  
 Amount of Each Receipt this Period 31.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.00  
**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 15 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Jeffrey Kimmell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 Campus Place  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation VP Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID : 061711-25**  
 Amount of Each Receipt this Period 31.00

**B. Michael Koski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5255 East River Road Suite 204  
 City Fridley State MN Zip Code 55421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation Pharmacy Ops Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 06 / 10 / 2011  
**Transaction ID : 061011-7**  
 Amount of Each Receipt this Period 21.00

**C. Michael Koski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5255 East River Road Suite 204  
 City Fridley State MN Zip Code 55421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PharMerica Occupation Pharmacy Ops Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 06 / 24 / 2011  
**Transaction ID : 062411-7**  
 Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.00  
**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 16 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. William Lademann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation SVP Hospital Pharmacy Se

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1392.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2011  
**Transaction ID : 060311-19**

Amount of Each Receipt this Period  
 116.00

**B. William Lademann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation SVP Hospital Pharmacy Se

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1392.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : 061711-18**

Amount of Each Receipt this Period  
 116.00

**C. Mark Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Westway Place Ste 105

City Arlington State TX Zip Code 76018

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation VP Client Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2011  
**Transaction ID : 060311-30**

Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.46

**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 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Mark Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Westway Place Ste 105

City Arlington	State TX	Zip Code 76018
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation VP Client Services
--------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	17	/	2011

**Transaction ID : 061711-30**

Amount of Each Receipt this Period  

38.46
-------

**B. Robert McKay**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation SVP Sales & Marketing
--------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.56**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-23**

Amount of Each Receipt this Period  

115.38
--------

**C. Robert McKay**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Campus Place

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation SVP Sales & Marketing
--------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.56**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	17	/	2011

**Transaction ID : 061711-23**

Amount of Each Receipt this Period  

115.38
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>269.22</b>
<b>TOTAL</b> 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 18 OF 25  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**PharMerica Corporation Political Action Committee PPAC**

**A. William Monast**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1901 Campus Place  
City Louisville State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PharMerica Occupation EVP Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2011  
**Transaction ID : 060311-32**  
Amount of Each Receipt this Period  
192.30

**B. William Monast**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1901 Campus Place  
City Louisville State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PharMerica Occupation EVP Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2011  
**Transaction ID : 061711-33**  
Amount of Each Receipt this Period  
192.30

**c. Christopher Moss**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1901 Campus Place  
City Louisville State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PharMerica Occupation Dir Benefits  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2011  
**Transaction ID : 061711-26**  
Amount of Each Receipt this Period  
17.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 401.90  
**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 19 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial)  
**A. Robert Nolan**

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa State FL Zip Code 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation VP Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.24**

Date of Receipt  
**06 / 03 / 2011**  
**Transaction ID : 060311-31**

Amount of Each Receipt this Period  
**30.77**

Full Name (Last, First, Middle Initial)  
**B. Robert Nolan**

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa State FL Zip Code 33619

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation VP Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.24**

Date of Receipt  
**06 / 17 / 2011**  
**Transaction ID : 061711-31**

Amount of Each Receipt this Period  
**30.77**

Full Name (Last, First, Middle Initial)  
**C. Brian Pate**

Mailing Address 1901 Campus Place

City Louisville State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Dir Financial Reporting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.60**

Date of Receipt  
**06 / 17 / 2011**  
**Transaction ID : 061711-22**

Amount of Each Receipt this Period  
**17.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **78.84**

**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 20 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Kirk M. Pompeo**  
Full Name (Last, First, Middle Initial)

Mailing Address 3802 Corporex Park Dr. Ste 200

City	State	Zip Code
Tampa	FL	33619

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PharMerica	VP LTC Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-33**

Amount of Each Receipt this Period  

30.77
-------

**B. Kirk M. Pompeo**  
Full Name (Last, First, Middle Initial)

Mailing Address 3802 Corporex Park Dr. Ste 200

City	State	Zip Code
Tampa	FL	33619

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PharMerica	VP LTC Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2011

**Transaction ID : 061711-34**

Amount of Each Receipt this Period  

30.77
-------

**C. Kari Shanard-Koenders**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Campus Place

City	State	Zip Code
LOUISVILLE	KY	40299

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PharMerica	Utilization Management Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-13**

Amount of Each Receipt this Period  

20.19
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>81.73</b>
<b>TOTAL</b> 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 21 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial) <b>A. Kari Shanard-Koenders</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2011 <b>Transaction ID : 061711-12</b>
Mailing Address 1900 Campus Place		Amount of Each Receipt this Period 20.19
City LOUISVILLE	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C		
Name of Employer PharMerica	Occupation Utilization Management Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.28	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth O. Shanks</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2011 <b>Transaction ID : 060311-8</b>
Mailing Address 230 Westway Place Ste 105		Amount of Each Receipt this Period 25.00
City Arlington	State TX	Zip Code 76018
FEC ID number of contributing federal political committee. C		
Name of Employer PharMerica	Occupation Regional Director, Account Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth O. Shanks</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2011 <b>Transaction ID : 061711-7</b>
Mailing Address 230 Westway Place Ste 105		Amount of Each Receipt this Period 25.00
City Arlington	State TX	Zip Code 76018
FEC ID number of contributing federal political committee. C		
Name of Employer PharMerica	Occupation Regional Director, Account Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.19
<b>TOTAL</b> 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 22 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

**A. Frank J Smitherman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa	State FL	Zip Code 33619
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation VP Inventory Mgmt
--------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-9**

Amount of Each Receipt this Period  

38.46
-------

**B. Frank J Smitherman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa	State FL	Zip Code 33619
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation VP Inventory Mgmt
--------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2011

**Transaction ID : 061711-8**

Amount of Each Receipt this Period  

38.46
-------

**C. Wendy Stearns**  
Full Name (Last, First, Middle Initial)

Mailing Address 3802 Corporex Park Dr. Ste 200

City Tampa	State FL	Zip Code 33619
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation Director, Clinical Consulting
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-6**

Amount of Each Receipt this Period  

20.19
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>97.11</b>
<b>TOTAL</b> 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 24 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial)  
**A. Cheryl Zinn**

Mailing Address 321 W. Ben White Blvd Ste 103

City Austin	State TX	Zip Code 78704
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation Manager, General
--------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

**Transaction ID : 060311-14**

Amount of Each Receipt this Period  
20.19

Full Name (Last, First, Middle Initial)  
**B. Cheryl Zinn**

Mailing Address 321 W. Ben White Blvd Ste 103

City Austin	State TX	Zip Code 78704
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica	Occupation Manager, General
--------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2011

**Transaction ID : 061711-13**

Amount of Each Receipt this Period  
20.19

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.38
<b>TOTAL</b> This Period (last page this line number only).....▶	4209.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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)  
**PharMerica Corporation Political Action Committee PPAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Congressman Tim Holden**

Mailing Address 18 North Second Street, Box 37

City Saint Clair State PA Zip Code 17970

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Timothy Holden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2011

**Transaction ID : 3700CB4D740F6BA1CA9**

Amount of Each Disbursement this Period

1500.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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 Y
	/		/	

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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 Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00
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1500.00
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