

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

Office Use Only

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

12FE4M5

OMNICARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

900 OMNICARE CENTER

201 E FOURTH STREET

☐ Check if different than previously reported. (ACC)

CINCINNATI

OH

45202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Donna E Lecky

Signature of Treasurer

Donna E Lecky

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2014		84338.44
(b) Cash on Hand at Beginning of Reporting Period.....	85936.11	
(c) Total Receipts (from Line 19) .....	11236.00	37502.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97172.11	121840.92
7. Total Disbursements (from Line 31) .....	424.45	25093.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	96747.66	96747.66
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

<b>I. Receipts</b>	<b>COLUMN A</b> <b>Total This Period</b>	<b>COLUMN B</b> <b>Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8886.00	20981.08
(ii) Unitemized .....	2350.00	16521.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	11236.00	37502.48
(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) .....	11236.00	37502.48
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)) .....	11236.00	37502.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11236.00	37502.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	240.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	240.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	24000.00
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 .....	424.45	852.97
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)) ..	424.45	25093.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	424.45	25093.26

**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) .....	11236.00	37502.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11236.00	37502.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	240.29
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	240.29

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

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

FOR LINE NUMBER: PAGE 6 OF 104

(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)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8120

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8121

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8122

Amount of Each Receipt this Period

15.00

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

45.00

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 7 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Charles Agonis**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Charles Agonis**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SA11AI.8124

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Charles Agonis**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.8125

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Charles Agonis**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8126

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Todd Anderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8127

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Todd Anderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period

20.00

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

55.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Todd Anderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8129

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Todd Anderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8130

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Todd Anderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Todd Anderson**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.8132

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Todd Anderson**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2014

Transaction ID : SA11AI.8133

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael J Arnold**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Sales and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 03 / 2014

Transaction ID : SA11AI.8134

Amount of Each Receipt this Period

40.00

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

80.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 104  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael J Arnold**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Sales and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8135

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Michael J Arnold**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Sales and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8136

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8137

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8138

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8139

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8140

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8141

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Darold R Barnes**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8143

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

**Transaction ID : SA11AI.8144**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

**Transaction ID : SA11AI.8145**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

**Transaction ID : SA11AI.8146**

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 104  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8147

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8148

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8149

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8150

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8151

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8152

Amount of Each Receipt this Period

15.00

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

50.00

**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:  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8153

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8154

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8155

Amount of Each Receipt this Period

15.00

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

45.00

**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)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SA11AI.8156

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Jonathan D Borman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8157

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Barry R Bress**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8165

Amount of Each Receipt this Period

20.00

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

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

50.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barry R Bress**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8166

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Barry R Bress**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8167

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Barry R Bress**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8168

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Barry R Bress**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 29 2014

Transaction ID : SA11AI.8169

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Barry R Bress**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 12 2014

Transaction ID : SA11AI.8170

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Barry R Bress**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 26 2014

Transaction ID : SA11AI.8171

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8179

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8180

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8181

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 104

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : SA11AI.8182

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.8184

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8185

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8186

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8187

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8188

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8189

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8190

Amount of Each Receipt this Period

20.00

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

60.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8191

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8192

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. William S Douglas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8207

Amount of Each Receipt this Period

50.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William S Douglas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8208

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. William S Douglas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8209

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8210

Amount of Each Receipt this Period

100.00

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

200.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8212

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8215

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Robert E Dries**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Financial Operation-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8216

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8217

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8218

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8219

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8220

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8221

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8222

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brian W Egan**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SA11AI.8223

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8224

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8225

Amount of Each Receipt this Period

100.00

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

220.00

**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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8226

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8227

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8228

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8229

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. W Erwin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8230

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. James G Flood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8238

Amount of Each Receipt this Period

192.00

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

392.00

**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  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James G Flood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8239

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. James G Flood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8240

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period

20.00

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

404.00

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

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

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8242

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8243

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8244

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8245

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8246

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robert Foley**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8247

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Steven Gates**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&amp;A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8248

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Steven Gates**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&amp;A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8249

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Steven Gates**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&amp;A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8250

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Steven Gates**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8251

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Steven Gates**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8252

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Steven Gates**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8253

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Steven Gates**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&amp;A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

Transaction ID : SA11AI.8254

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2014

Transaction ID : SA11AI.8263

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

Transaction ID : SA11AI.8264

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8265

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8266

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8267

Amount of Each Receipt this Period

20.00

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

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

60.00



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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SA11AI.8268

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8269

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8277

Amount of Each Receipt this Period

40.00

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

80.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8278

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8279

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8280

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8282

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8283

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8284

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8285

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2014

Transaction ID : SA11AI.8286

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8288

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8289

Amount of Each Receipt this Period

50.00

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

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

150.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Hal Henderson**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8290

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Klaus M Hieber**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM PBM Plus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8291

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Klaus M Hieber**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM PBM Plus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period

20.00

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

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

90.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Klaus M Hieber**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM PBM Plus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8293

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Klaus M Hieber**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM PBM Plus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8294

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Klaus M Hieber**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM PBM Plus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.8295

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan J Klem**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

**Transaction ID : SA11AI.8317**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Susan J Klem**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

**Transaction ID : SA11AI.8318**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Susan J Klem**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

**Transaction ID : SA11AI.8319**

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Susan J Klem

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : SA11AI.8320

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Susan J Klem

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SA11AI.8321

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan J Klem

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.8322

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan J Klem**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8323

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8331

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8332

Amount of Each Receipt this Period

100.00

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

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

220.00

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8333

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8334

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8335

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert O Kraft

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 12 2014

Transaction ID : SA11AI.8336

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert O Kraft

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : SA11AI.8337

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Donna Lecky

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 03 2014

Transaction ID : SA11AI.8359

Amount of Each Receipt this Period

40.00

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

240.00

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)

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

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8360

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8361

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8362

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8363

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8364

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8365

Amount of Each Receipt this Period

40.00

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

120.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8373

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8374

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2014

Transaction ID : SA11AI.8375

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8376

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8378

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael J List**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Dispensing Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8379

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John J Lockard**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8380

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. John J Lockard**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8381

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John J Lockard

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 01 / 2014

Transaction ID : SA11AI.8382

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John J Lockard

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : SA11AI.8383

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John J Lockard

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SA11AI.8384

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John J Lockard**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8385

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John J Lockard**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8386

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Nancy J Losben**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8387

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy J Losben

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 18 2014

Transaction ID : SA11AI.8388

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Nancy J Losben

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 01 2014

Transaction ID : SA11AI.8389

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nancy J Losben

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 15 2014

Transaction ID : SA11AI.8390

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy J Losben**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8391

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nancy J Losben**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8392

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Nancy J Losben**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8393

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8478

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2014

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8480

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2014

Transaction ID : SA11AI.8481

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8482

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2014

Transaction ID : SA11AI.8483

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8484

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.8485

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8486

Amount of Each Receipt this Period

10.00

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

30.00

**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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 05 / 2014

Transaction ID : SA11AI.8487

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8488

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.8489

Amount of Each Receipt this Period

10.00

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

30.00

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8490

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8491

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8492

Amount of Each Receipt this Period

20.00

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

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

50.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8493

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8494

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8495

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SA11AI.8496

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Amy Roberts**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8497

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8498

Amount of Each Receipt this Period

40.00

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

80.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8499

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8500

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8501

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8502

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8503

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8504

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8505

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8506

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8507

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 72 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8508

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8509

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8510

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Mark Schroder**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SA11AI.8511

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8526

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8527

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8528

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8529

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.8530

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 75 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8531

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas Jr Stieritz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM excelleRx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8532

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8533

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 104  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8534

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8535

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8536

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8537

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8538

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 78 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel A Thomas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

**Transaction ID : SA11AI.8547**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Daniel A Thomas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

**Transaction ID : SA11AI.8548**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Daniel A Thomas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

**Transaction ID : SA11AI.8549**

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Daniel A Thomas

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP &amp; GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : SA11AI.8550

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Daniel A Thomas

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP &amp; GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SA11AI.8551

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Daniel A Thomas

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP &amp; GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.8552

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel A Thomas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.8553**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

**Transaction ID : SA11AI.8554**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

**Transaction ID : SA11AI.8555**

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8556

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8557

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 82 OF 104  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8559

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8560

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8562

Amount of Each Receipt this Period

25.00

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

65.00

**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 83 OF 104  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8566

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8568

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:  
(check only one)

PAGE 84 OF 104

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

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8570

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8572

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Thomas Tucker**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8574

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 85 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8582

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8583

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8584

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8585

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8586

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8587

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SA11AI.8588

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8589

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8590

Amount of Each Receipt this Period

15.00

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

50.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8591

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **B. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8592

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8593

Amount of Each Receipt this Period

15.00

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

45.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8594

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **B. Timmy Waters**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8595

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period

20.00

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

50.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8604

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8605

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8606

Amount of Each Receipt this Period

20.00

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

60.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8607

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8608

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8609

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janine Wolfram**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8631

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Janine Wolfram**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8632

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Janine Wolfram**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2014

Transaction ID : SA11AI.8633

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 93 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janine Wolfram

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 15 / 2014

Transaction ID : SA11AI.8634

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janine Wolfram

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SA11AI.8635

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Janine Wolfram

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 12 / 2014

Transaction ID : SA11AI.8636

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Janine Wolfram**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SA11AI.8637

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8638

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 104

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8640

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8641

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8642

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8643

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.8644

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. John L Workman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period

125.00

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

165.00

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John L Workman**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8646

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SA11AI.8647

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SA11AI.8648

Amount of Each Receipt this Period

20.00

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

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

165.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8649

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8650

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8651

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Jennifer M Yowler

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SA11AI.8652

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jennifer M Yowler

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8653

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael M Zandri

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SA11AI.8654

Amount of Each Receipt this Period

15.00

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

55.00

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael M Zandri**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SA11AI.8655

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Michael M Zandri**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.8656

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Michael M Zandri**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : SA11AI.8657

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.08

Date of Receipt

07 / 03 / 2014

Transaction ID : SA11AI.8658

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.08

Date of Receipt

07 / 18 / 2014

Transaction ID : SA11AI.8659

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.08

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period

40.00

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

120.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.08

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.8661

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.08

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.8662

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.08

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.8663

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 103 OF 104  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.8664

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.**

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

40.00

8886.00